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WELFARE in REVIEW

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U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

ANTHONY J. CELEBREZZE, Secretary

Welfare Administration

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The Welfare Administration's First Year

On January 28, 1963--by bringing together the Bureau of Family Services, the Children's Bureau, the Cuban Refugee Program, the Office of Aging, and the Office of Juvenile Delinquency and Youth Development into one operating unit--the Welfare Administration was formed.

From the standpoint of those concerned primarily with research on welfare problems and programs and the development of statistical data relating to them, this first year of the Welfare Administration's operation has been particularly notable in two respects: First, the groundwork has been laid for a stronger and more coordinated approach to the development of research and demonstration programs. Second, this journal, Welfare in Review, has been launched as a medium for publishing the wealth of technical data which is compiled by the programs of the Welfare Administration.

Almost immediately after the Welfare Administration was formed, work was started to set up a Research Division in the Office of the Commissioner of Welfare. The staff is being expanded as rapidly as opportunities arise to employ highly trained and experienced persons who can work effectively as members of a multidisciplinary team. In addition to publishing Welfare in Review, the Research Division has a fourfold function:

1. The staff carries out the Welfare Administration's responsibilities for the joint Welfare Administration-Social Security Administration Cooperative Research and Demonstration Grants program. This includes processing applications, giving consultation and assistance to applicants, and working closely with grantees to assure that maximum yields are obtained from the Federal government's investment in this research program. The staff also gives secretariat service to an advisory panel of 12 distinguished social scientists who assist in delineating the areas in which research should be supported and in evaluating the merits of projects for which grants have been requested.

2. To meet the great need for fairly short-range administrative research to support program and legislative planning, the staff designs and develops needed research projects. Because few State and local public welfare agencies are as yet equipped to conduct complex research studies, and also because much of the knowledge that would be helpful to such agencies must be developed on a broader base, staff members of the Research Division are developing a number of projects which they themselves will carry out. Some of the projects will be based on study data purchased through major survey sources such as the Census Bureau or other Research Centers or obtained through cooperation of State welfare agencies.

3. A special unit is charged with the development of a program of long-range basic research that will add substantially to existing knowledge of social and economic problems and how best to deal with them. Part

of this program will be the responsibility of the Division's own staff and part will be carried out by other well-qualified social scientists.

4. The staff coordinates the Welfare Administration's total research and demonstration effort. With the exception of the Cuban Refugee Program, all units of the Welfare Administration employ research staffs in their areas of special interest. With a Research Division in the Commissioner's office, closer relationships among all research personnel have been established so that each program reinforces the others.

In research, as in all of its work, the Welfare Administration's first year has been characterized by the development of a strong organizational framework on which to build. Various administrative and operational measures taken this past year will be of interest to the research field because they pave the way for more rapid application of knowledge gained through research and will help to pose new research questions. These measures include:

Increased emphasis on the preventive and rehabilitative aspects of public assistance and child welfare programs. Illustrative of this is the school dropout drive in which the Welfare Administration and the Office of Education worked together in stimulating like partnerships between State and local educational and welfare leaders. Another illustration is the emphasis on developing homemaker programs, in which the Welfare Administration is cooperating with the States and the National Council for Homemaker Services.

Closer relationships with State public welfare agencies and with voluntary agencies. To help speed the flow of knowledge from discovery to practice, there was more frequent exchange of views and information through meetings and correspondence, representative advisory groups were developed, orientation visits in Washington for new State administrators were inaugurated, increased consultation was made available to State agencies, and direct channels of communication were set up between Federal and State information channels.

Other highlights of the year include the nationwide review of the AFDC program; inauguration of the quality control program; mental retardation legislation which will expand maternal and child health programs; development of day care services; increased emphasis upon inservice training, scholarships for graduate study, and recruitment; steadily increasing evaluation and use of the 1962 public welfare amendments and Kerr-Mills legislation; and expansion of international services.

The Welfare Administration enters its second year at a time when the President has declared "unconditional war on poverty." As a cohesive, organized unit, I believe we are better prepared than ever before to work with States and localities in helping to break the cycle of dependency.

ELLEN WINSTON
U.S. Commissioner of Welfare

Medical Care for the Aged Under MAA and OAA, 1960-63

THREE YEARS' EXPERIENCE in providing medical care services for the aged under public assistance programs which were expanded by the Kerr-Mills legislation of 1960 gives a basis for appraisal of the effectiveness of federally aided State public assistance programs in meeting medical care needs.

Public Law 86-778, including the Kerr-Mills amendments to the Social Security Act (a) established a program of medical assistance for the aged (MAA), with Federal aid to the States for medical assistance to older persons not receiving old-age assistance but whose income and resources are insufficient to meet the cost of needed medical care, and (b) provided additional Federal aid to States for payments to suppliers of medical care under existing old-age assistance programs (OAA).

By the end of September 1963, 32 jurisdictions (28 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands) had established medical assistance for the aged programs; 28 jurisdictions had expanded or improved coverage or content of medical care services previously provided under old-age assistance programs; and 11 jurisdictions had begun to make direct payments to suppliers of medical care services for the first time under old-age assistance.

Direct payments to suppliers of medical care (vendor payments) increased 128 percent between 1960 and 1963 for all federally aided public assistance programs. About three-fifths of the increased expenditures were for aged persons under MAA.

Under MAA, the Federal Government shares with States in the total cost of the program; there is no limitation on either the individual payment or total State expenditures. The amount of Federal participation ranges from 50 to 80 percent of medical care expenditures paid to suppliers of medical care in behalf of eligible recipients. The higher percentages go to States with lower per capita income.

States may make available a broad range of medical services. These include: (1) physicians', dental, private duty nursing, physical therapy and related services; (2) inpatient hospital, outpatient hospital or clinic, skilled nursing home, and home health care; (3) laboratory, X-ray, diagnostic, screening, and preventive services; (4) prescribed drugs and appliances including eyeglasses, dentures, and prosthetic

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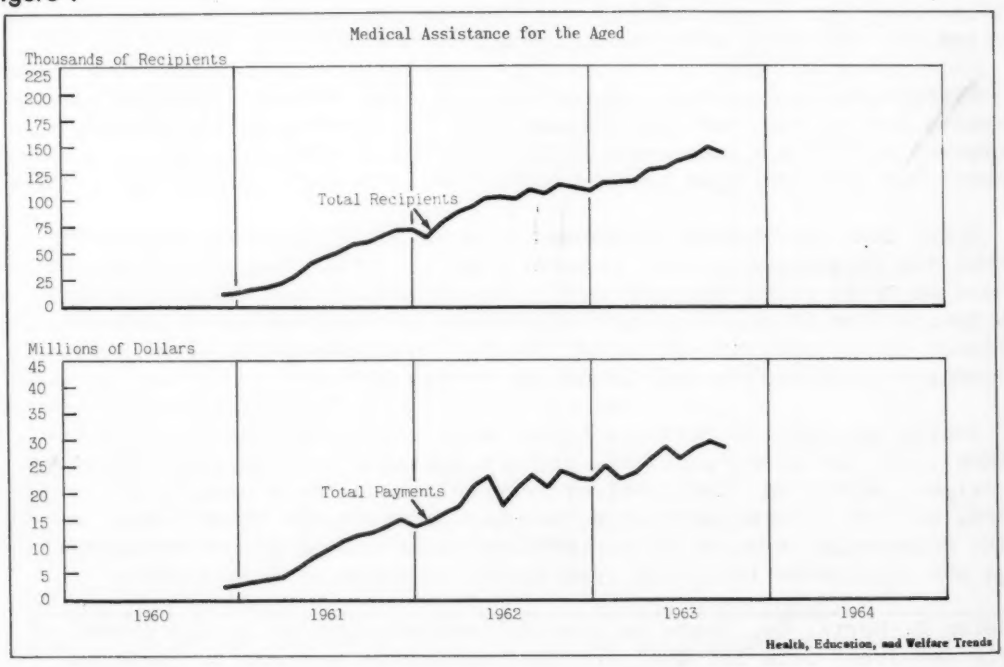
By Helen E. Martz. Dr. Martz is a social welfare adviser in the Bureau of Family Services. Data for 1963 are preliminary and subject to revision.

devices; and (5) any other medical or remedial care recognized under State law. States determine the kinds and extent of services for which costs will be assumed and the conditions of eligibility for such services.

Relatively few conditions are imposed by the Federal act. Some of these are: (1) the State must include some institutional and some non-institutional care; (2) a durational residence requirement is not permitted; (3) no charge, such as an enrollment fee or premium, is permitted as a condition of eligibility; (4) a lien may not be placed against the property of any individual prior to his death on account of medical assistance properly paid in his behalf, and recovery of such assistance cannot be made except from his estate after the death of the surviving spouse, if any; and (5) disclosure of information concerning applicants and recipients is restricted to purposes directly connected with the administration of the program.

In addition to the usual share in old-age assistance payments, the Federal Government under 1961 legislation provides an additional amount based on expenditures for payments to suppliers of medical care up to a monthly maximum averaging $15 per recipient ($12 under the 1960 amendments). The additional funds are intended to enable States to improve or to initiate medical care services in their OAA programs. Amendments to the Social Security Act in 1962 increased from 50 to 75 percent the maximum amount of Federal financial participation that could be made available to States in the cost of rehabilitative and other social services, and provided also for Federal financial participation in the cost of vendor payments for medical care for up to 3 months prior to application.

Figure I



Implementation of MAA

There were 144,033 recipients of MAA in September 1963 in 32 active programs (figure 1). They represented 12 per 1,000 persons aged 65 and over in these States and 8 per 1,000 of all the aged in the United States.

During the first 2 years of the program, nearly one-fourth of the approved cases had been transferred from other assistance programs, primarily in States that had large numbers of old-age assistance recipients requiring costly nursing home care and long-term hospital care. States in which the largest number of transfers occurred were California, Connecticut, Idaho, Massachusetts, Michigan, New York, and North Dakota.

Between October 1, 1960, the effective date of MAA, and September 30, 1963, a total of $596 million was expended under MAA. Of this, $306 million, or 51 percent, came from Federal funds, and $290 million from State and local funds (table 1). Over 74 percent of the expenditures were made by three States (California, Massachusetts, and New York). About 85 percent of MAA expenditures were made either for persons transferred from OAA or other public assistance programs or for persons who would have been eligible for another assistance program insofar as income is concerned if no MAA was available.

Table 1. Total expenditures for MAA, by source of funds, Oct. 1960-Sept. 1963

State	Total expenditures (thousands of dollars)		
	Total	Federal	State and local
All States	$596,258	$305,796	$290,462
Alabama	979	766	213
Arkansas	2,078	1,663	415
California	93,348	46,674	46,674
Connecticut 1/	15,816	7,908	7,908
Dist. of Columbia	251	125	126
Florida	53	32	21
Hawaii	2,477	1,238	1,239
Idaho	4,834	3,259	1,575
Illinois	5,980	2,990	2,990
Kentucky	1,654	1,245	409
Louisiana	1,543	1,133	410
Maine	1,710	1,122	588
Maryland	5,419	2,709	2,710
Massachusetts	114,243	57,121	57,122
Michigan	48,574	24,287	24,287
New Hampshire	317	179	138
New Jersey 1/	2,192	1,096	1,096
New York 1/	234,309	117,155	117,154
North Dakota 1/	4,218	3,080	1,138
Oklahoma	3,125	2,052	1,073
Oregon	2,226	1,113	1,113
Pennsylvania	24,528	12,264	12,264
South Carolina	2,524	2,019	505
Tennessee	1,253	947	306
Vermont	272	176	96
Utah	3,416	2,128	1,288
Washington	9,177	4,588	4,589
West Virginia	8,521	6,115	2,406
Wyoming	2/	2/	2/
Guam	14	7	7
Puerto Rico	1,152	576	576
Virgin Islands	56	28	28

1/ Excludes money payments to recipients not subject to Federal matching.
2/ Program in operation but no payments made.

There is considerable range among the participating jurisdictions in the number of elderly persons receiving medical care under MAA and in the average payment per recipient. For example, in September 1963 the number aided ranged from 73 in Florida (which had recently initiated its program) to 30,000 in New York. The District of Columbia and Wyoming had programs in operation but made no payments for medical care in September. Over half of the recipients were in three States (California, Massachusetts, and New York). Average MAA payments ranged from $4 in Guam, $7 in the Virgin Islands, and $28 in Kentucky to $419 in Illinois. The average payment per recipient for all jurisdictions was $196. The high average payment areas were widely scattered throughout the country (figure 2).

Most jurisdictions began their MAA programs conservatively. By September 1963 only 4 States (Hawaii, Massachusetts, New York, and North Dakota) provided for "comprehensive" programs, that is, programs based on care in each of the five major areas of medical services: physicians' services, dental care, hospitalization, nursing home care, and prescribed drugs. Seven additional jurisdictions gave some care in each of the major areas but with significant limitations on the condition for which care would be provided or the extent of such care, and 14 others provided three or four major services (10 included hospitalization, nursing home care, and practitioners' services) with some limitations on one or more of these. Seven jurisdictions provided only the two minimal institutional and noninstitutional services required by law. All 32 jurisdictions included inpatient hospital care; 30, physicians' services; 22 nursing home care; 15, dental care; and 17, drugs.

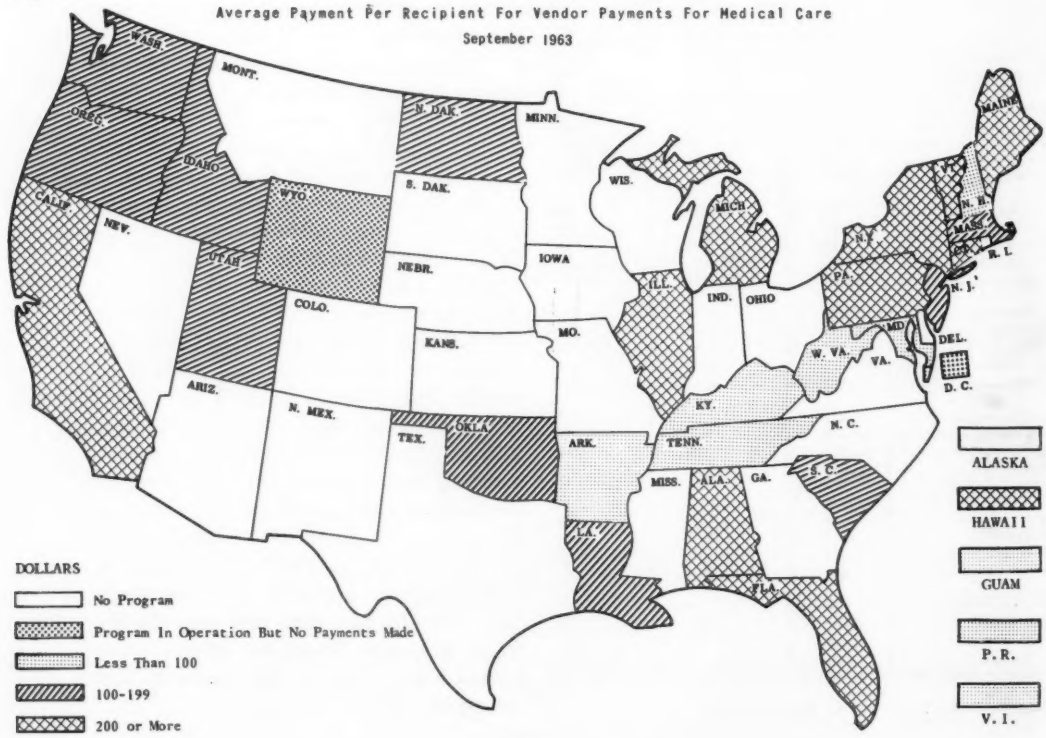
About 47 percent of the expenditures made in MAA during fiscal 1963 were for hospitalization--a service provided in all jurisdictions with programs. While only two-thirds of the jurisdictions included nursing home care under their MAA programs, expenditures for nursing home care were higher than for hospital care. Hospital care and nursing home care costs combined accounted for 94 percent of total MAA expenditures; about 2 percent of expenditures were for physicians' services, 2 percent for prescribed drugs, and 1 percent for all other services.

Figure 2

Medical Assistance For The Aged

Average Payment Per Recipient For Vendor Payments For Medical Care

September 1963



Basis of Financial Eligibility for MAA

In more than half the 32 jurisdictions, persons eligible for MAA who have health insurance or other potential resources covering services provided by MAA must use the resources before payment is made under MAA. Five jurisdictions include a deductible feature--an amount which must have been obligated by an individual in a year for medical care before he can be eligible for MAA.

In determining financial eligibility for MAA, the consideration given to income and other resources also varies among States. For example:

1. Most jurisdictions use a specified level of income in determining financial eligibility. In 10 jurisdictions, the income figure represents the amount considered as needed for living expenses, and income or available assets beyond that amount are evaluated against the cost of medical care received by the individual. The most liberal annual income level used by a State is $2,400 for a single person, although one State goes up to $3,000 in relation to hospital costs only; the most common income level is $1,500.

2. Twenty-nine of the 32 jurisdictions exclude life insurance from consideration as an asset under specified conditions, such as, in 14 jurisdictions, within a dollar maximum ranging from $500 to $3,000 with $1,000 the usual limit, and in 12 jurisdictions, within the dollar maximum for all personal property. Three jurisdictions consider as a resource the full loan value available from insurance.

3. All 32 jurisdictions take into account the availability of other personal property to meet medical care costs. In 29, there are dollar limits on the amount that may be held without affecting eligibility. These range from $50 to $2,800, with most between $1,000 and $2,500.

4. All jurisdictions exempt real property used as a home, but six require that equity in the home not exceed a stated amount. One jurisdiction does not allow holding other real property, one permits it only if encumbered, and seven require it to be income-producing or developed into a resource that can be applied toward medical care costs. Of the other 23 jurisdictions, some require the value of other real property in excess of certain limits to be applied to medical costs, and others specify limits on the value of such property which may be held.

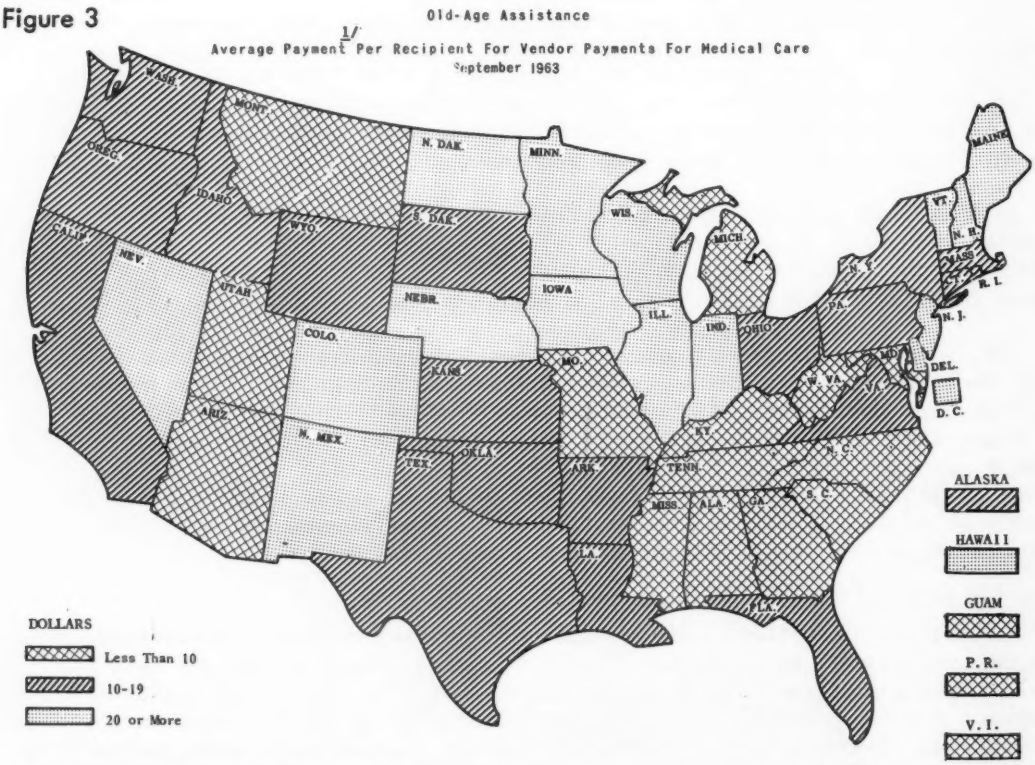
Extended Medical Care Provisions Under OAA

All 54 jurisdictions made vendor payments for medical care services for OAA recipients in September 1963. Increased funds under the Kerr-Mills legislation enabled 11 jurisdictions which had no vendor payment programs for OAA recipients before September 1960 to incorporate such provisions. Twenty-eight jurisdictions which already had vendor payment programs made their programs more comprehensive.

In fiscal 1962, 1.3 million OAA recipients--about half of all those who received OAA--received one or more types of medical or remedial care through vendor payments. The national average vendor payment for medical care per recipient of old-age assistance for medical care increased from $11 in September 1960 to $15 in September 1963 (this average is based on total caseload, including OAA recipients who did not receive medical care). Average payments in the individual States for all OAA recipients ranged from a low of 1 cent in Montana (where only costs related to remedial eye care are met) and 93 cents in Puerto Rico to a high of $74 in Wisconsin. States with a high average vendor payment for medical care were largely concentrated in the northeast, north central, and the Pacific northwest areas. Averages were generally low in the southeast and the territories (figure 3).

By September 1963, 21 jurisdictions provided a relatively comprehensive scope of services. Sixteen made vendor payments in each of the five major kinds of medical care (physicians' services, dental care, hospitalization, nursing home care, and prescribed drugs), and five used the vendor payment method for four services and the money payment for nursing home care.

Figure 3



1/ Averages are based on all cases receiving assistance whether in the form of money payments alone, vendor payments for medical care, or both.

Of the other 33 jurisdictions providing vendor medical care payments, 9 provided four of the major services; 2 provided three of the major services plus money payments for nursing home care and one other service; 5 provided hospital and nursing home care plus other physicians' services or prescribed drugs; 15 provided one or two of the major services, usually hospitalization; and 2 provided only nursing home care.

In fiscal 1962, more OAA recipients (roughly three-fourths) received physicians' services than any other type of care. Three-fifths received drugs, and one-fourth, hospital care.

Federal-State Cooperation

The 1960 legislation gave the Secretary of Health, Education, and Welfare responsibility for (1) developing and revising guides and recommended standards as to the level, content, and quality of medical care services for use by States in evaluating and improving their medical care provisions; (2) securing periodic reports from the States on items included in and the quality of medical care and services for which expenditures are made; and (3) publishing data secured from these reports and other information. These functions were delegated to the Bureau of Family Services in the Welfare Administration (formerly the Bureau of Public Assistance in the Social Security Administration).

Since enactment of the Kerr-Mills legislation, the Bureau of Family Services has strengthened its medical care resources to assist the States in the development of State legislation and other planning necessary to put the new medical care provisions into effect. A new Division of Medical Care Standards was established in the Bureau in 1961 with responsibility for developing guide materials and recommended standards and for providing consultation in the medical care services and health plans of State public assistance agencies. A medical advisory group, including physicians and specialists in paramedical areas, was also appointed to advise the Bureau on specific problems relating to medical needs and services to needy people.

The medical advisory group usually meets twice a year to assist in the development of medical care guide materials and standards. In addition, consultants make factfinding and consultative trips to States in connection with administrative and program aspects of medical care, and a subcommittee advises the Bureau in the selection of medical care areas for special study. One regional meeting has been held and additional meetings are being planned with the American Hospital Association to promote closer working relationships between staff of both agencies.

Guide materials and recommended standards prepared and issued by the Bureau of Family Services to help States expand and strengthen their medical care programs include such publications as "Financial Eligibility: Medical Assistance for the Aged"; "Casework Services in Public Assistance Medical Care"; "Reports on Cooperative Action Between State and Local Health and Welfare Agencies"; "Sketches on Working with the Sick and Disabled"; "Medical Care in Public Assistance, Organization and Administra-

tion"; "Home Health Care Services"; "Pharmaceutical Services"; and "Dental Services." An informational leaflet "Medical Care for Older Persons" was prepared, and pertinent materials issued by other groups were distributed by the Bureau to States, including "Medical Assistance for the Aged and Nursing Services in the Home," prepared jointly by the Bureau and the Public Health Service and issued by the Public Health Service; "Your Nursing Services Today and Tomorrow," Public Affairs Pamphlet No. 307; and "Guides for Drug Expenditures for Welfare Recipients," prepared jointly by the American Public Welfare Association and the American Medical Association.

Other guides and recommended standards are being developed by the Bureau in such areas as physicians' services, optical services, hospital services, nursing home services, advisory committees, rehabilitation, and data collection and evaluation. A preliminary study has also been made of health insurance policies and experiences in providing health services for public assistance recipients. No State agency by September 1963 had used Blue Cross or a commercial prepayment insurance plan to implement its MAA program.

States similarly intensified their efforts to strengthen their medical care resources, and 42 of the 54 jurisdictions have taken steps toward implementing the Kerr-Mills provision for MAA. During the 3-year period, all but three jurisdictions (Alaska, Delaware, and Mississippi) took necessary steps to provide legislative authority for such a program, and of those that took such steps, all but nine (Arizona, Colorado, Indiana, Missouri, Montana, Nevada, Ohio, Rhode Island, and Texas) obtained it. In addition to the 32 jurisdictions that now make MAA payments, another (Iowa) started a program in December 1963, three (Virginia, Kansas, and Nebraska) began programs in January 1964, and two (Minnesota and Wisconsin) plan to initiate programs after July 1, 1964. Enabling legislation in one State (North Carolina) has not yet been implemented, a MAA plan is in process in one jurisdiction (South Dakota), and two (Georgia and New Mexico) have not obtained funds to implement their legislation.

States have also increased their efforts to utilize more professionally qualified staff to carry their increasing responsibilities in medical care. Staff specifically identified with medical assistance and medical care activity increased gradually between 1950 and 1960 but has grown rapidly since then. Today, more than 20 jurisdictions have established full-time positions for physicians, many as medical care program directors. Most jurisdictions have one or more well-trained medical social workers on their staffs. Pharmacists are employed by some agencies, one State has a full-time dentist, and other paramedical personnel are also being used. All jurisdictions have medical advisory committees.

Meeting Medical Care Needs Under Public Assistance

Persons aged 65 and over make up 9.4 percent of the total population of the United States; their number is growing at the rate of over 1,000 a day. Their need for more health facilities and medical services is also increasing.

Since advancing age is accompanied by a decline in both physical and earning capacity, health problems and ability to pay for needed medical care are of major concern to the aged. Moreover, fewer older persons than younger persons are covered by health insurance, and those older persons who do have insurance often have less comprehensive coverage.

As described earlier, under the Kerr-Mills legislation, between September 1960 and September 1963, 28 jurisdictions extended their medical care provisions under old-age assistance, and 11 included vendor payments for medical services for the first time. The average monthly vendor payment per recipient under old-age assistance increased from $11 in September 1960 to $15 in September 1963. More of the medically needy aged are also being reached under newly established MAA programs--144,033 received MAA in 32 jurisdictions in September 1963. The average monthly payment was $196 for that month. Together, in fiscal 1962 the two programs of OAA and MAA provided some vendor medical care for 1.5 million recipients, or 85 per 1,000 of the estimated population aged 65 and over.

Table 2. Vendor payments for medical care under public assistance programs

Federally aided program	Payments (dollars)	
	Total fiscal 1963 (millions)	Average per recipient September 1963 1/
All programs	898	--
Old-age assistance	411	15
Medical assistance for the aged	287	196
Aid to families with dependent children	101	2
Aid to the permanently and totally disabled	88	18
Aid to the blind	11	9

1/ The figure for the MAA program includes primarily persons in whose behalf vendor payments for medical care were made in the month. The averages for the other programs are based on all cases receiving assistance whether in the form of money payments alone, vendor payments for medical care, or both.

Payments to suppliers of medical care for aged recipients of public assistance more than doubled between October 1960 and September 1963. Of the total expenditure of $898 million in fiscal year 1963 for medical vendor payments under all the federally aided public assistance programs, $411 million was expended under old-age assistance, and $287 million under medical assistance for the aged (table 2).

Yet even with this expansion, the extent to which States are reaching into the total group of medically indigent aged persons is limited. For example, more than one-third of the total aged population reside in the jurisdictions which did not yet have MAA programs in operation in September 1963. The basis on which financial eligibility for MAA is determined by the different jurisdictions is only slightly higher than for OAA. Only four MAA programs provide comprehensive care in each of the five major areas of medical services.

Although 78 percent of all vendor payments for medical care under Federal-State assistance programs were for aged recipients in fiscal 1963, the benefits of the MAA program are reaching a relatively small segment of the Nation's elderly, and this segment is concentrated in several States--over half of the MAA recipients resided in three States in September 1963, and more than three-fifths (62.4 percent) of MAA expenditures were made by three States. Variation between States remains wide.

The relatively limited State funds available to finance the costs of

medical care, even with the liberal help of Federal grants under the Kerr-Mills legislation, has, of necessity, resulted in a variety of limitations similar to those utilized in the other public assistance programs--limits on income and resources, consideration of family responsibility, recovery provisions, and various eligibility conditions.

Thus, 3 years' experience has pointed up both limitations and strengths of public assistance programs in attempting to meet medical care needs of the aged. As in all grant-in-aid assistance programs, the State has responsibility for initiating a program and for determining its coverage and the quantity and kind of care provided. The Federal Government provides technical consultation and encouragement and reviews State plan material to assure that a proposed program conforms to the Social Security Act. But the pace of development of the program is ultimately dependent upon State action, which in turn depends on availability of State funds and a willingness to use them for medical care needs in view of other demands for services.

The liberally drawn measure passed by Congress in 1960 has not yet realized its full potential in large measure because of lack of State financing and partly because of uncertainty about future costs. But it took 20 years for all States to establish programs of aid to families with dependent children, and 13 years after authorization of the aid to the permanently and totally disabled program, all States have not yet established such a program for their needy disabled.

MAA is just 3 years old. Despite fiscal and other problems, some States have made considerable progress in extending help to the needy aged in meeting their medical care needs. With time and experience, more States will probably extend their MAA programs, and others may establish new programs. But the cost factor continues to be an important consideration in making use of the full potentials of the Kerr-Mills legislation. With a backstop of social insurance for costly items of medical services such as hospital care, MAA could undoubtedly enable States to meet more adequately other medical care needs of the aged.

Adoptions in 1962

In 1962, about 121,000 children in the United States were legally adopted. This is a 51 percent increase since 1951, when 80,000 children were adopted. Of all children under 18 years of age, 1.5 million, or 2 percent, have been adopted. About half were adopted by relatives.

About 70,200 illegitimate children were adopted in 1962. They account for four-fifths of children adopted by nonrelatives and one-third of those adopted by relatives. The second largest group are children whose parents are divorced or separated. Only a few are orphans.

In 1962, 40,300, or 64 percent of all nonrelative adoptions, were arranged by authorized social agencies. By comparison, in 1951, 52 percent of adoptions by nonrelatives were arranged by authorized social agencies.

These data appear in "Adoptions in the United States," a Children's Bureau factsheet.

Overall Look At Child Health

DATA ON CHILD HEALTH from the National Health Survey of the Public Health Service have recently been analyzed and interpreted in a report, "Illness Among Children," by Clara G. Schiffer and Eleanor P. Hunt of the Child Health Studies Branch, Children's Bureau. (Available from Superintendent of Documents, U.S. Gov't. Printing Office, 35 cents.) This examination of health survey data collected in household interviews of sample populations throughout the country provides an overall statistical view of children's illnesses that has not been available before. The summary data and interpretations in the report are presented here.

Acute illness

1. For the year ending June 1961, the National Health Survey found 169,892,000 medically attended or activity-restricting acute conditions among children under 15, or a rate of 297.1 conditions per 100 children. The incidence of acute conditions for children in the 0-4 age group was 373.4 conditions per 100 children; for children in the 5-14 age group it was 255.6 conditions per 100 children.

2. Respiratory conditions were the chief cause of acute illness among children; they accounted for 55.0 percent of all acute conditions reported for children under 15. For children 0-4 the rate of respiratory conditions was 213.1 per 100 children; for children 5-14 it was 135.2 per 100 children.

3. Acute illness resulted in 1,053.9 days of restricted activity per 100 children aged 0-4 and 902.1 days per 100 children aged 5-14.

4. During the period July 1959 through June 1961, the average annual number of children under 17 reported injured was 18,983,000 a rate of 30.7 per 100 children. Of this number, 52.2 percent suffered accidents about the home. The average number of days of restricted activity for all children under 17 suffering injuries was 6.2 per year.

Chronic conditions

1. For the 2-year period July 1959 through June 1961, an average of 13,996,000 chronic conditions per year were reported among children under 17, a rate of 226.1 conditions per 1,000 children. These conditions were distributed among 11,116,000 children, so that 18.0 percent of the population under 17 were reported as having at least one chronic condition.

2. Of the chronic conditions reported for children under 17, hay fever, asthma, and other allergies accounted for 32.8 percent, and sinusitis, bronchitis, and other respiratory diseases for 15.1 percent.

3. The rate of prevalence of chronic conditions reported increased with age from 169.3 per 1,000 children for the age group 0-4 to 309.3 per 1,000 for the age group 15-16.

4. More chronic conditions were reported for children under 17 coming from families with higher incomes than for children coming from families

with incomes under $4,000. For the children coming from families with incomes under $4,000, 207.2 chronic conditions per 1,000 children were reported; for the children from the $4,000-$6,999 family income group, 222.6 chronic conditions per 1,000 children and for the children from the $7,000+ group, 261.4 chronic conditions per 1,000 were reported. Also, more chronic conditions were reported for children living in urban and rural nonfarm areas, 230.5 conditions per 1,000 children, than for children living on rural farms, 197.1 conditions per 1,000 children.

5. Of the total number of chronic conditions reported, 61.9 percent had received medical attention in the sense that at least a doctor had been talked to, 27.8 percent had not received medical attention for more than a year, and for 10.4 percent of the conditions, a doctor had never been talked to.

Hospitalization

1. During the period July 1958-June 1960, the average number of patients under 15 discharged from short-stay hospitals per year was 3,445,000. The total number of days per year spent in the hospital by these patients was 20,560,000, an average of 6.0 days per child discharged.

2. For all children under 15 discharged from hospitals, 71.9 percent had stayed less than 6 days. Only 4.5 percent of the discharges were from children's hospitals; 91.0 percent were from general hospitals.

3. The rate of hospital discharges per 1,000 children under 15 was 41.3 for nonwhite children, compared with 66.3 for white children. The average length of hospital stay was 9.8 days for nonwhite children and 5.6 days for white children.

4. Hospital discharges for children coming from families whose income was under $2,000 were at the rate of 42.4 per 1,000; for children from families with an income of $7,000 and over, the rate was 67.7 per 1,000. For children whose family income was under $2,000, the average hospital stay was 9.3 days; for children coming from families with an income of $7,000 and over, the average hospital stay was 4.8 days.

5. Of the children under 15 who went to the hospital, 41.9 percent were hospitalized because of a respiratory condition, although respiratory conditions accounted for only 21.8 percent of the days spent in hospitals by children under 15.

6. Of the total number of children discharged, 52.5 percent were treated surgically for the condition for which they were hospitalized. Of the conditions that were surgically treated, 47.1 percent were upper respiratory. An estimated number of 1,875,000 surgical operations per year were performed on children under 15; 851,000 of these, 45.4 percent, were tonsillectomies. The 851,000 tonsillectomies represented one-fourth, 24.7 percent, of all hospital discharges of children under 15.

7. Some fraction of the hospital bill was paid for by insurance for 77.8 percent of the children in the 5-14 age group and for 65.1 percent of the children in the 0-4 age group.

Dental care

1. The National Health Survey found in the period July 1957-June 1958, 50.2 percent of all children under 15 had never visited a dentist.

Of the children under 5, 89.1 percent had never been to a dentist, and of the age group 5-14, 27.6 percent.

2. For children in the age group 5-14, 23.5 percent of those living in urban areas had never been to a dentist, 28.1 percent of those living in rural nonfarm areas and 41.7 percent of those living on rural farms.

3. On a regional basis, for children aged 5-14, 44.9 percent in the South had never been to a dentist, 14.5 percent in the Northeast, 19.8 percent in the North Central, and 23.7 percent in the West.

4. Of the white children aged 5-14, 22.3 percent had never been to a dentist, compared with 63.0 percent of the nonwhite.

5. On the basis of family income, 59.5 percent of the children aged 5-14 coming from families with incomes under $2,000 had never been to a dentist, compared with 9.7 percent of children in families with incomes of $7,000 and over. Where the family head had been to college, for the children in the 5-14 age group, 9.7 percent had never been to a dentist. On the other hand, 62.3 percent of the children of this age whose family head had completed less than 5 years of schooling, and 39.0 percent of the children whose family head had had from 5 through 8 years of schooling, had never been to a dentist.

6. In the same period, of the dental visits made by children aged 5-14 coming from families with incomes under $2,000, 31.8 percent were for the purpose of extractions, compared with 4.8 percent of the visits made by children coming from families in the income group $7,000 and over.

Discussion

The magnitude of acute illness among children, particularly acute illness due to respiratory conditions, is one of the important findings of the National Health Survey. In a discussion of children's health problems the large volume of these illnesses tends to be overlooked, probably because it has become an accepted fact of childhood life. The practical problems resulting from the extent of acute illness among children need to be given more attention, for example, in planning day care programs and in dealing with the problems of working mothers. Of particular importance are the problems of organizing treatment on an expeditious and efficient basis.

Injuries and accidents are an important part of the picture of childhood morbidity. Much publicity has been given to the fact that accidents are the leading cause of childhood deaths, but much less attention has been paid to the extent of nonfatal accidents. The findings of the National Health Survey that most childhood accidents are in the home, that the 5-9 age group is the most vulnerable, and that falls are the chief type of accidents, pinpoint areas of concentration. Health departments are becoming more concerned than formerly with home accidents, but further encouragement of a public health approach to this problem is needed.

One significant finding of the National Health Survey has been the extensive prevalence of allergies and of chronic respiratory illnesses among children. In general, these conditions are not at present included in the Crippled Children's and Maternal and Child Health programs; because of their high prevalence more attention needs to be given to them in

planning health services for children. Certainly more needs to be known about the adequacy of services currently being provided for children with these conditions, particularly hay fever, asthma, and the other allergies. On the basis of such information, the need for new programs could be evaluated.

Unfortunately, the household interview program of the National Health Survey does not seem to provide accurate data on the prevalence of many particular conditions with which the Children's Bureau and others in the child health field are at present concerned. Further, it is doubtful that it will ever yield adequate data on many of the handicapping conditions of limited prevalence such as heart disease, or of the type to which a stigma may still be attached, such as mental retardation. Even though plans are underway to supplement the interview program with a clinical evaluation, the sample covered will be too small to produce precise data on conditions of limited prevalence. Research needs to be continued, therefore, into other methods of obtaining more exact data on the extent of many crippling and handicapping conditions of children.

The data on hospitalization of children yielded by the National Health Survey suggest areas of research which probably cannot be covered by the Survey itself, but which invite immediate exploration. The Survey has found that 9 out of 10 children who are hospitalized go to general hospitals, and that children are an important segment of the population of general hospitals. It therefore becomes necessary to know more about the availability of pediatric beds and the organization of pediatric services in general hospitals.

Concomitant with the need for more specific information on inpatient care of children is the need for current information on availability of outpatient service for children in general hospitals. The Academy of Pediatrics Study of Child Health Services made in 1945-46 found that only 16 percent of general hospitals had outpatient departments admitting children. Updating of this information would be valuable, as would data on outpatient services provided by children's hospitals. In addition, more information is needed about availability of community facilities which can supplement and substitute for hospitalization.

The large number of tonsillectomies reported is one of the important findings of the National Health Survey in terms of both medical procedures and the resultant impact on hospital services. With respect to the indications for removal of tonsils and adenoids, a recent textbook of pediatrics* states:

> The "tonsil problem" is of particular concern in pediatric practice, not only because of the frequency of chronic tonsillar involvement, but also because of its distortion by physicians and laity who have been too ready to attribute all sorts of complaints and ills to

* Nelson, Waldo E. Textbook of Pediatrics. W. B. Saunders Co., London. 7th ed. 1959.

tonsillar involvement and have not been sufficiently critical in recommending or asking for tonsillectomy. A more critical attitude is developing.

The National Health Survey evidence of the large volume of tonsillectomies currently being performed suggests a need for more active encouragement of this critical attitude.

The large number of tonsillectomies tends to distort analyses of the hospitalization of children and to obscure other problems with regard to children who are hospitalized. Thus, more needs to be known about children with long-term bed occupancy; the relationship to studies of alternative community facilities is obvious.

The financing of hospital care for children also needs attention. The National Health Survey data seem to indicate that there is better hospital insurance coverage of children in the 5-14 age group than for the younger children. Whether this is due to failure of parents to obtain hospital insurance for their very young children or whether it is due to exclusions in policies now in effect is not known. Further information regarding these questions would be useful.

With regard to dental care, the National Health Survey reveals shockingly high proportions of children who have never had dental care or who are not receiving adequate dental care. Although there is a direct relationship between income and volume of dental care, financing of treatment is not the only consideration in solving the problem of extending care. In spite of an increasing demand for dental services, the ratio of dentists to the population has remained the same in recent years. Furthermore, unless there is a greater increase in dental school facilities than contemplated at present, it appears that it will be impossible to retain the current ratio of dentists to population over the next decade. The shortage of dental facilities, and particularly of dental manpower, seriously increases the difficulties in the way of extending dental care to children.

In general, the shortage of medical manpower raises serious barriers to the provision of adequate child health services. The shortage of physicians available for child care is particularly disturbing. The Academy of Pediatrics Study in 1945-46 had found that most of the children of the country were taken care of by general practitioners. Although the proportion of physicians who are specialists has risen in the years since the Study, it is undoubtedly still true that general practitioners are the major medical resource in the care of children and must be included in determining the medical manpower available for children. Yet the Public Health Service reports that while the ratio of pediatricians to the child population under 15 years of age rose from 7.3 per 100,000 in 1940 to 16.3 in 1961, the ratio of general practitioners to the same population fell from 345 in 1940 to 135 per 100,000 in 1961. When pediatricians are combined with general practitioners, the ratio fell from 352 in 1940 to 151 in 1961. Whether general practitioners are spending more or less of their time on their child patients is not known.

Other medical personnel, particularly nurses, are important in providing child health services, but they too are in short supply in relation to the demand.

Numbers do not by themselves tell the whole story with regard to the availability of health manpower for children. Distribution of personnel, particularly of pediatricians, is a major problem. The Academy of Pediatrics Study had found a great disparity between urban and rural areas and between high and low income States in the distribution of personnel and facilities for child health services. In the years intervening since the Study, progress has probably been made in ironing out some of the differences, but important inequalities still remain.

Throughout the findings of the National Health Survey there are numerous indications of the importance of socioeconomic and cultural factors in relation to childhood illness and health care. That cultural factors influence childhood illness, or at least the perception and reporting of childhood illness, is indicated by the greater prevalence of chronic conditions reported for children from higher income families as compared with children from low income families. More specifically, race, income, and residence were found to be important factors in the rate of hospitalization. Nonwhite children went to the hospital much less frequently than white children, but when they did go, they stayed longer. As family income increased, the rate of hospitalization of children increased, but again, the average length of stay decreased. Farm children went to the hospital much less frequently than their city counterparts, but also tended to stay longer.

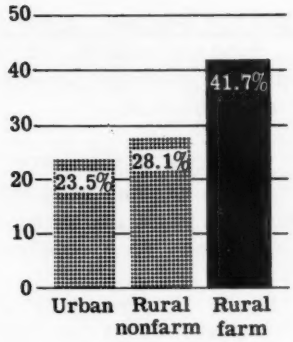
Socioeconomic factors were found to be particularly pronounced in relation to dental care. Nonwhite children received considerably less dental care than white children; farm children received less dental care than rural nonfarm children; and of course, children from low income families had little dental work done in comparison with children from higher income families. (See chart on next page.)

The data on hospitalization of children and on dental care received by children are consistent with the report issued earlier by the National Health Survey on the "Volume of Physician Visits" during the period July 1957-June 1959. The material in that publication indicated a lower number of physician visits per year for nonwhite children as compared with white children, for children from low income families as compared with children from higher income families, and for children from rural nonfarm and rural farm areas as compared with children from urban areas.

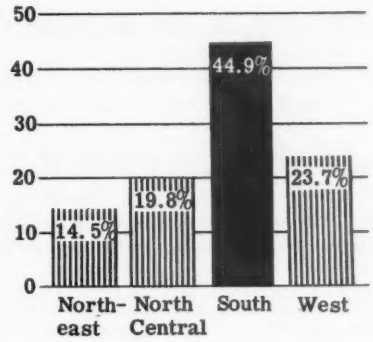
The conclusion seems to be justified that a lower volume of medical and dental care is received by children from nonwhite, from low income and from rural families. It is also most likely that the lower volume of care is related to an inadequacy of facilities for care. While the National Health Survey does not provide a means of determining the current adequacy of child health facilities in relation to factors such as race, income, and residence, the findings of the Survey can serve as a starting point for exploration of these areas.

WHICH CHILDREN AGE 5-14 HAVE NEVER BEEN TO A DENTIST?

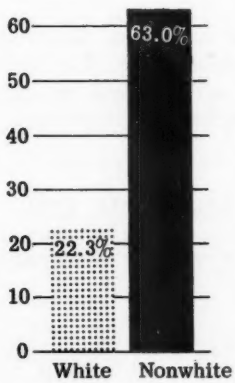
More farm children have never been to a dentist than urban children



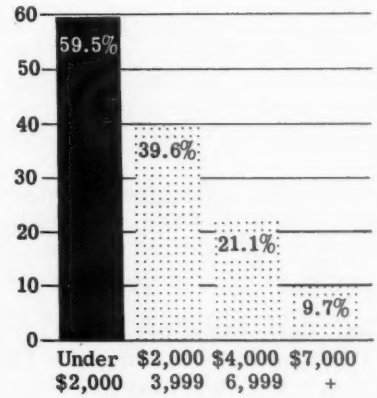
More children living in the South have never been to a dentist than children living in other regions



More nonwhite children have never been to a dentist than white children



More children from low income families have never been to a dentist than children from higher income families



Based on U. S. National Health Survey data for year ending June 30, 1958.

Publications of Interest*

Welfare Administration

Public Assistance in the Counties of the United States, June 1960. Bureau of Family Services, 1963. 179 pp. Limited number of copies available from the Bureau. Recipient rates and average payments, by counties. Maps show quintile rankings of all counties.

Convalescent Leave from Mental Hospitals. By Iris Clark Padgett. Bureau of Family Services, 1963. 26 pp. Contains guides and recommendations for State public assistance agencies in working with State mental hospital agencies to promote better services to persons on convalescent leave.

The Bureau of Family Services. 1963. Leaflet. Presents the basic facts of how the Bureau discharges the Federal Government's responsibilities in public assistance programs operated by the States.

Directory of Public Training Schools Serving Delinquent Children. Compiled by Charles E. Lawrence. Children's Bureau, 1963. 7th Revision. 95 pp. Single copy free on request to the Bureau. The 275 institutions listed are State and local training schools, camps, and reception-diagnostic centers.

Child Welfare Statistics--1962. Children's Bureau Statistical Series 72, 1963. 62 pp. Single copy free on request to the Bureau. Statistics on children receiving services from public and voluntary child welfare agencies, adoptions, public child welfare personnel, and expenditures for public child welfare services.

Crippled Children's Program: Statistical Highlights 1961. Children's Bureau Statistical Series 71, 1963. 19 pp. Single copy free on request to the Bureau. Statistics on the children in the programs, their diagnoses, and types of services received.

Fees for Day Care Services. Children's Bureau, 1963. 20 pp. 15 cents. Prepared in response to requests from agencies for help in establishing equitable fees for day care.

Adoptions in the United States. "Facts About Children" series. Children's Bureau, 1963. 4 pp. Single copy free on request to the Children's Bureau. (See note on page 12.)

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* U. S. Government publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on lots of 100 or more). Inquiries or orders for other publications should be directed to the publisher or issuing agency.

The Fifteenth Year of Work. Interdepartmental Committee on Children and Youth. Children's Bureau, 1963. 76 pp. Single copy free on request to the Bureau. Describes the activities of the Committee, which includes representatives of Federal agencies conducting programs that affect the well-being of children.

Other Publications

Challenge to Affluence. By Gunnar Myrdal. Pantheon, New York, 1963. 172 pp. $3.95. Domestic and international implications of the stagnation of the American economy.

Resources and People in East Kentucky: Problems and Potentials in a Lagging Economy. By Mary Jean Bowman and W. Warren Haynes. Johns Hopkins Press, Baltimore, 1963. 448 pp. $10. Discusses the people, natural resources, and economic patterns of the region from a historical perspective.

The Economics of Welfare Policies. By Margaret S. Gordon. Columbia University Press, New York, 1963. 159 pp. $3.

Highlights of Developments in Mental Health Programs, 1962. National Institute of Mental Health, Public Health Service, 1963. PHS Publication No. 1072. 57 pp. 40 cents. Describes major developments of nationwide significance and innovations in State and local mental health services.

Bibliography of World Literature on Mental Retardation, January 1940-March 1963. President's Panel on Mental Retardation, 1963. 564 pp. $4. An author and subject index.

Independent Adoptions: A Followup Study. By Helen L. Witmer and others. Russell Sage Foundation, New York, 1963. 463 pp. $7.50. Study included 447 families during 1956-57, 10 years after they had been granted adoptions in Florida.

An Intensive Casework Project in Child Protective Services. By J. A. Bishop, B. W. Burton, and W. A. Bourke. Children's Division, American Humane Association, Denver, Colo., 1963. 34 pp. 35 cents. Results of project to find out what a child protective services agency can do with resistive, multiproblem families when intensive casework can be given.

Processes of Aging: Social and Psychological Perspectives. Edited by R. H. Williams, C. Tibbitts, and W. Donahue. Atherton Press, New York, 1963. 2 vols., 1,167 pp. $25. Reports of recent studies covering virtually the entire gamut of the field of aging except the purely biological.

Living and Activity Patterns of the Aged. By Glenn H. Beyer and Margaret E. Woods. Center for Housing and Environmental Studies, Cornell University, Ithaca, N. Y. $2. Findings based primarily on interviews with 5,202 persons in statistical samples drawn by the Bureau of Old-Age and Survivors Insurance.

Program and Operating Statistics

AFDC and GA Caseloads Show Seasonal Increases in November

About 7.6 million persons were aided under the six public assistance programs in November. The number was about 18,000 more than in October, largely because of the seasonal increases of 12,300 (0.3 percent) in aid to families with dependent children and 11,400 (1.5 percent) in general assistance. Three out of every 5 States reported higher recipient loads in these programs. Of the national increase in aid to families with dependent children, 31 percent was attributable to a rise in the number of children and adults aided because of a parent's unemployment.

The number of recipients of aid to the permanently and totally disabled increased by 1,900 or 0.4 percent in November. There were slight declines--in which most of the States shared--in old-age assistance and aid to the blind. Payments under medical assistance for the aged were made in 32 States and other jurisdictions in behalf of 153,000 persons--4,800 fewer than in October.

For the six programs, assistance payments, including vendor payments for medical care, declined $6.0 million to $393.6 million; total money payments were higher only in aid to the permanently and totally disabled. Most of the decline was in vendor payments for medical care, which dropped $2.9 million (9.1 percent) in medical assistance for the aged and $1.2 million (3.5 percent) in old-age assistance.

Only a few States took action in November that appreciably affected the average money payment. Nebraska increased by $5 the maximum money payments under old-age assistance and aid to the blind. In Alabama a $5 reduction in the maximum under aid to the blind was more than offset by several liberalizations, including an increase from 57 percent to 100 percent in the proportion of need met. Colorado, Iowa, and South Dakota, to conserve funds in the program for aid to families with dependent children, began meeting smaller percentages of total requirements. In Oregon a 4-percent cut in the State appropriation for the 1963-65 biennium made reductions in expenditures necessary for most programs.

Tables

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Table 1. Number of recipients of public assistance in the United States, by month, November 1962-November 1963 1/

[Except for general assistance, includes cases receiving only vendor payments for medical care]

Year and month	Old-age assistance 2/	Medical assistance for the aged 2/	Aid to the blind 2/	Aid to the permanently and totally disabled 2/	Aid to families with dependent children			General assistance 4/	
					Families	Total recipients 3/	Children	Cases	Recipients
	Number of recipients								
1962									
November...	2,227,041	111,828	99,808	434,735	931,408	3,771,844	2,838,650	333,000	821,000
December...	2,226,194	109,732	99,583	437,453	942,635	3,825,517	2,871,760	354,000	899,000
1963									
January....	2,221,593	116,587	99,509	439,405	959,258	3,911,515	2,927,402	384,000	1,006,000
February...	2,217,499	116,682	99,136	442,251	967,355	3,957,218	2,960,451	390,000	1,038,000
March.....	2,214,441	117,508	98,845	445,854	975,629	3,990,393	2,984,095	387,000	1,020,000
April.....	2,211,016	127,412	98,588	448,448	977,739	4,004,001	2,995,563	371,000	941,000
May.....	2,202,503	129,493	98,457	459,236	972,468	3,976,318	2,978,716	348,000	852,000
June.....	2,198,896	136,220	98,390	461,537	962,597	3,934,542	2,952,013	329,000	775,000
July.....	2,190,856	140,159	98,084	466,357	957,794	3,918,326	2,938,506	325,000	769,000
August.....	2,194,301	148,473	98,141	470,156	954,946	3,912,129	2,933,285	326,000	767,000
September..	2,191,593	144,033	97,952	472,164	951,995	3,903,496	2,931,431	322,000	754,000
October....	2,196,327	157,707	98,175	475,482	955,185	3,913,814	2,940,237	326,000	764,000
November...	2,194,173	152,919	97,839	477,348	956,540	3,926,141	2,949,537	326,000	775,000
	Percentage change from previous month								
1962									
November...	-0.1	-2.5	-0.1	+1.7	+0.5	+1.1	+1.0	+2.3	+3.9
December...	(5/)	-1.9	-.2	+.6	+1.2	+1.4	+1.2	+6.2	+9.5
1963									
January....	-.2	+6.2	-.1	+.4	+1.8	+2.2	+1.9	+8.7	+11.9
February...	-.2	+.1	-.4	+.6	+.8	+1.2	+1.1	+1.4	+3.2
March.....	-.1	+.7	-.3	+.8	+.9	+.8	+.8	-.6	-1.7
April.....	-.2	+8.4	-.3	+.6	+.2	+.3	+.4	-4.2	-7.8
May.....	-.4	+1.6	-.1	+2.4	-.5	-.7	-.6	-6.1	-9.4
June.....	-.2	+5.2	-.1	+.9	-1.0	-1.1	-.9	-5.6	-9.0
July.....	-.4	+2.9	-.3	+1.0	-.5	-.4	-.5	-1.2	-.8
August.....	+.2	+5.9	+.1	+.8	-.3	-.2	-.2	+.3	-.3
September..	-.1	-3.0	-.2	+.4	-.3	-.2	-.1	-1.2	-1.7
October....	+.2	+9.5	+.2	+.7	+.3	+.3	+.3	+1.2	+1.3
November...	-.1	-3.0	-.3	+.4	+.1	+.3	+.3	+.1	+1.5

1/ All data subject to revision. 2/ Represents data for recipients of the specified type of assistance both under separate and combined State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance. 4/ Partly estimated. Excludes Idaho and Indiana; data not available. 5/ Decrease of less than 0.05 percent.

Table 2. Amount of public assistance payments in the United States, by month, November 1962-November 1963 1/

[Except for general assistance, includes vendor payments for medical care]

Year and month	Total 2/	Old-age assistance 3/	Medical assistance for the aged 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Aid to families with dependent children	General assistance 4/
	Amount of assistance						
1962							
November	$376,922,000	$167,138,102	$22,712,013	$7,942,394	$31,862,827	$116,451,727	$22,314,000
December	381,944,000	167,969,978	22,514,900	7,992,058	32,148,952	118,745,316	23,657,000
1963							
January	391,209,000	168,828,792	25,036,154	7,970,875	32,589,133	121,309,540	26,354,000
February	389,906,000	168,448,837	22,696,442	7,971,860	32,893,149	122,423,346	26,198,000
March	396,449,000	169,787,562	23,824,718	8,045,621	33,436,893	125,231,254	26,357,000
April	399,198,000	170,660,914	26,441,100	8,044,895	34,071,522	125,534,737	25,298,000
May	399,349,000	171,464,001	28,870,692	8,049,211	34,529,977	124,204,346	23,236,000
June	390,941,000	169,416,085	26,592,866	8,040,719	34,523,871	121,770,120	21,313,000
July	390,487,000	168,081,430	28,426,914	8,043,679	35,105,811	120,616,307	21,402,000
August	391,222,000	167,109,786	29,642,387	8,009,157	35,424,031	121,184,131	21,354,000
September	391,433,000	168,441,852	28,201,068	7,972,586	35,666,981	121,841,407	21,112,000
October	399,587,000	169,526,665	31,851,824	8,109,060	36,287,194	123,437,104	21,704,000
November	393,600,000	168,016,864	28,966,274	7,967,335	35,943,882	122,792,370	21,290,000
	Percentage change from previous month						
1962							
November	-0.4	-0.5	-6.2	+0.3	+0.6	+0.3	+2.3
December	+1.3	+.5	-.9	+.6	+.9	+2.0	+6.0
1963							
January	+2.4	+.5	+11.2	-.3	+1.4	+2.2	+11.4
February	-.3	-.2	-9.3	(5/)	+.9	+.9	-.6
March	+1.7	+.8	+5.0	+.9	+1.7	+2.3	+.6
April	+.7	+.5	+11.0	(6/)	+1.9	+.2	-4.0
May	(5/)	+.5	+9.2	+.1	+1.3	-1.1	-8.1
June	-2.1	-1.2	-7.9	-.1	(6/)	-2.0	-8.3
July	-.1	-.8	+6.9	(5/)	+1.7	-.9	+.4
August	+.2	-.6	+4.3	-.4	+.9	+.5	-.2
September	+.1	+.8	-4.9	-.5	+.7	+.5	-1.1
October	+2.0	+.6	+12.9	+1.7	+1.7	+1.3	+2.8
November	-1.5	-.9	-9.1	-1.7	-.9	-.5	-1.9

1/ All data subject to revision. 2/ Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States. 3/ Represents data for payments to recipients of the specified type of assistance both under separate and combined State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Partly estimated. Excludes Idaho and Indiana; data not available. 5/ Increase of less than 0.05 percent. 6/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, November 1963 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1963 in--		November 1962 in--	
				Number	Amount	Number	Amount
Total 2/.....	2,194,173	$168,016,864	$76.57	-0.1	-0.9	-1.5	+0.5
Ala.....	108,472	7,358,663	67.84	+.3	+1.3	+5.0	+4.8
Alaska 3/.....	1,386	4/ 109,776	79.20	-.3	-7.8	+.9	+11.5
Ariz.....	13,419	832,848	62.06	(5/)	-.5	-.9	+.4
Ark.....	57,659	3,533,186	61.28	+.1	-1.1	+3.4	+2.8
Calif.....	266,557	27,919,091	104.74	-.4	-2.9	+2.3	+2.1
Colo. 2/.....	49,340	5,058,356	102.52	+.1	-2.3	+.1	+1.7
Conn.....	8,307	700,878	84.37	-.9	+9.3	-10.6	-6.4
Del.....	1,159	72,192	62.29	+2.4	+4.1	+3.8	+20.5
D. C.....	2,499	222,333	88.97	-.8	+5.3	-12.3	-14.8
Fla. 3/.....	71,126	4,523,419	63.60	+.3	-.1	+.4	+3.1
Ga.....	92,313	5,073,848	54.96	+.1	-1.2	-.8	+6.4
Guam 6/.....	163	4,611	28.29	---	---	---	---
Hawaii 3/.....	1,131	72,073	63.73	0	-10.6	-4.5	-8.1
Idaho.....	4,991	352,511	70.63	-.8	-2.3	-10.3	-8.9
Ill. 3/.....	61,046	5,138,597	84.18	-.5	-2.7	-5.8	-4.0
Ind.....	23,578	1,801,648	76.41	-.2	+.7	-4.9	+2.9
Iowa.....	29,529	2,635,536	89.25	-.3	-1.6	-5.1	-4.2
Kans.....	24,157	2,211,444	91.54	-.3	-.3	-4.9	-.8
Ky. 3/.....	55,425	3,322,547	59.95	+.2	+.6	+3.6	+5.7
La.....	129,658	10,525,572	81.18	+.5	-1.6	+2.4	+3.9
Maine.....	11,253	943,437	83.84	+.2	+.1	+.6	+10.9
Md.....	9,449	679,445	71.91	(7/)	+.1	-.2	+1.0
Mass.....	55,675	5,087,597	91.38	-.3	-.4	-5.1	-1.2
Mich.....	50,494	4,051,234	80.23	-.3	-.6	-3.0	(5/)
Minn.....	43,324	4,674,360	107.89	-.3	-2.5	-1.4	+7.3
Miss.....	75,935	2,934,792	38.65	-.2	-.2	-2.8	+8.1
Mo.....	104,786	6,861,220	65.48	-.2	+.1	-3.0	+1.5
Mont.....	5,697	388,102	68.12	(5/)	(5/)	-5.5	-6.0
Nebr.....	12,720	1,053,321	82.81	-.4	+.9	-4.3	+.6
Nev.....	2,569	226,181	88.04	-.2	-.2	+1.5	-.5
N. H.....	4,586	465,356	101.47	-.3	+.4	-1.3	+.5
N. J.....	14,113	1,130,396	80.10	+.1	+.4	-24.4	-36.0
N. Mex. 3/.....	10,875	860,701	79.14	-.3	-.3	+.4	-1.7
N. Y.....	56,261	4,966,897	88.28	-.1	-3.2	-2.7	+4.6
N. C.....	44,105	2,526,367	57.28	-.3	-.6	-2.8	+4.3
N. Dak.....	5,605	502,109	89.58	+.1	+7.1	-6.1	-1.5
Ohio.....	84,785	7,258,289	85.61	-1.0	(5/)	-2.4	+1.0
Okla. 3/.....	83,762	7,900,916	94.33	(7/)	(7/)	-.9	+1.1
Oreg.....	11,881	795,500	66.96	-2.2	-5.7	-22.4	-39.6
Pa.....	47,546	3,427,776	72.09	-.1	-5.9	-2.8	-6.2
P. R.....	33,364	309,714	9.28	-.4	-3.1	-5.8	-.6
R. I.....	6,041	513,767	85.05	-.5	+.5	-2.4	+.4
S. C.....	26,871	1,408,460	52.42	-.3	+4.9	-4.7	+11.0
S. Dak.....	7,537	620,150	82.28	-.1	+.3	-6.1	-3.6
Tenn.....	47,130	2,387,166	50.65	-.1	+1.5	-5.5	+1.4
Tex.....	228,389	16,056,286	70.30	+.3	+.3	+2.6	+4.0
Utah.....	5,284	378,426	71.62	-.5	+6.1	-8.7	-3.2
Vt.....	5,456	468,772	85.92	+.2	+2.9	-1.9	+8.1
V. I.....	478	17,699	37.03	-.4	-.3	-8.6	-6.7
Va.....	13,566	832,192	61.34	+.2	-.1	-3.4	+5.4
Wash.....	34,637	2,571,579	74.24	-.5	-4.9	-20.1	-35.8
W. Va.....	15,254	715,963	46.94	-.3	-.3	-7.8	-7.2
Wis.....	30,229	3,322,861	109.92	+.1	+8.1	-5.0	+3.6
Wyo.....	2,601	210,704	81.01	+.6	-2.1	-4.6	-8.0

1/ All data subject to revision. 2/ Includes 3,745 recipients aged 60-64 in Colorado and payments of $329,529 to these recipients. Such payments were made without Federal participation. 3/ Represents aid to the aged under combined program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 4/ In addition, supplemental payments of $11,706 from general assistance funds were made to 76 recipients. 5/ Decrease of less than 0.05 percent. 6/ Estimated. 7/ Increase of less than 0.05 percent.

Table 4. Medical assistance for the aged: Recipients and payments for recipients, by State, November 1963 1/

State	Number of recipients 2/	Payments for recipients		Percentage change from October 1963	
		Total amount	Average	Number	Amount
Total.....	152,919	$28,966,274	$189.42	-3.0	-9.1
Ala.....	146	36,196	247.92	-42.5	-46.1
Ark.....	2,314	112,288	48.53	-2.9	-15.8
Calif.....	22,925	6,542,157	285.37	-9.6	+4.1
Conn.....	5,309	3/ 1,150,930	216.79	+2.3	+7.2
Dist. of Col.....	540	144,475	267.55	+4.4	+6.1
Fla. 4/.....	260	95,767	368.33	+22.1	+13.4
Guam 5/.....	106	1,730	16.32	---	---
Hawaii 4/.....	525	121,930	232.25	+48.7	+66.5
Idaho.....	1,691	237,545	140.48	-4.6	+3.4
Ill. 4/.....	792	391,635	494.49	+62.6	+110.3
Ky. 4/.....	5,441	165,473	30.41	+1.5	+14.0
La.....	438	75,929	173.35	+5.3	+21.8
Maine.....	388	113,529	292.60	-5.8	(6/)
Md.....	8,429	284,495	33.75	-1.2	-5.7
Mass.....	24,278	3/ 4,159,064	171.31	+.8	+3.4
Mich.....	5,261	1,774,733	337.34	+.6	-.3
N. H.....	6	48	(7/)	-99.1	-99.9
N. J.....	4,541	3/ 824,353	181.54	+2.7	+4.5
N. Y.....	30,332	3/ 8,071,972	266.12	-8.8	-28.9
N. Dak.....	8/ 1,044	3/ 216,860	207.72	+2.5	+9.5
Okla. 4/.....	910	132,105	145.17	-2.3	-13.5
Oreg.....	4,024	611,017	151.84	+5.0	+10.7
Pa.....	6,673	1,497,083	224.35	-10.7	-19.6
P. R.....	1,700	63,740	37.49	-26.8	-18.9
S. C.....	1,086	183,020	168.53	+16.4	+.3
Tenn.....	4,053	167,781	41.40	+667.6	+200.5
Utah.....	2,044	240,050	117.44	+1.7	-3.8
Vt.....	83	26,120	314.70	(7/)	(7/)
V. I.....	185	4,214	22.78	+14.9	+7.4
Wash.....	8,942	1,274,511	142.53	-10.4	-1.4
W. Va.....	8,447	243,341	28.81	-10.5	-24.8
Wyo.....	6	2,183	(7/)	(7/)	(7/)

1/ All data subject to revision. 2/ Persons for whom vendor payments were made during the report month. 3/ Includes money payments not subject to Federal participation as follows: $594 in Connecticut, $98,461 in Massachusetts, $9,777 in New Jersey, $48,064 in New York, and $2,257 in North Dakota. 4/ Represents medical assistance for the aged under combined program for aid to the aged, blind or disabled and medical assistance for the aged. 5/ Estimated. 6/ Decrease of less than 0.05 percent. 7/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 8/ Includes an unknown number of cases receiving only money payments.

Table 5. Aid to the blind: Recipients and payments to recipients, by State, November 1963 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1963 in--		November 1962 in--	
				Number	Amount	Number	Amount
Total 2/.....	97,839	$7,967,335	$81.43	-0.3	-1.7	-2.0	+0.3
Ala.....	1,716	85,485	49.82	0	+4.3	+4.1	+7.6
Alaska 3/.....	105	8,075	76.90	0	+.8	+2.9	+1.5
Ariz.....	837	60,643	72.45	-.7	-1.0	-6.6	-7.0
Ark.....	1,982	130,170	65.68	-.1	-1.7	+.7	-.4
Calif. 2/.....	12,082	1,538,951	127.38	-1.7	-1.3	-4.3	-2.6
Colo.....	254	21,130	83.19	-1.2	+.9	+.4	-1.2
Conn.....	311	35,344	113.65	0	+15.5	+3.7	+4.1
Del.....	290	21,479	74.07	-.3	-1.8	+4.3	-.4
D. C.....	189	13,682	72.39	+5.6	+4.5	-2.1	-4.9
Fla. 3/.....	2,561	172,046	67.18	-.5	-.4	+.5	+5.5
Ga.....	3,133	180,760	57.70	+.2	-2.4	+1.0	+5.1
Guam 4/.....	6	132	(5/)	---	---	---	---
Hawaii 3/.....	80	8,424	105.30	(5/)	(5/)	(5/)	(5/)
Idaho.....	124	8,746	70.53	-1.6	-.1	-5.3	-4.7
Ill. 3/.....	2,735	235,836	86.23	-.3	-7.7	-3.9	-9.1
Ind.....	1,819	155,307	85.38	+.4	+2.6	-1.4	+7.5
Iowa.....	1,241	124,869	100.62	-.6	-1.0	-7.0	-6.8
Kans.....	532	47,451	89.19	0	-5.8	-3.1	-1.2
Ky. 3/.....	2,408	166,040	68.95	+.6	+1.5	+1.7	+3.9
La.....	2,811	227,797	81.04	0	-.4	+1.4	+2.2
Maine.....	389	32,410	83.32	-2.3	-1.4	-5.1	+6.1
Md.....	403	31,207	77.44	+.2	+.4	-5.4	+4.6
Mass.....	2,281	298,888	131.03	-.7	-11.7	-.2	-1.7
Mich.....	1,695	137,182	80.93	+.2	+.3	+.6	-5.9
Minn.....	1,045	112,066	107.24	+.1	-7.7	+.6	-.2
Miss.....	3,049	131,252	43.05	-.3	-.1	-8.1	+4.8
Mo. 2/.....	4,633	324,310	70.00	-.2	-.2	-3.4	+4.0
Mont.....	265	20,792	78.46	-1.1	-2.9	-9.6	-7.4
Nebr.....	665	66,613	100.17	+.8	+2.2	-4.9	-.6
Nev.....	159	19,221	120.89	-3.6	-1.8	-5.4	+.9
N. H.....	269	28,099	104.46	-.7	-3.4	+5.9	+7.6
N. J.....	951	78,724	82.78	+.2	+.6	0	-7.0
N. Mex. 3/.....	342	31,970	93.48	-.3	+.1	-1.4	+26.1
N. Y.....	3,179	334,949	105.36	-1.7	-7.1	-5.8	-2.1
N. C.....	5,108	328,480	64.31	-.4	-.7	+1.0	+12.2
N. Dak.....	81	7,641	94.33	(5/)	(5/)	(5/)	(5/)
Ohio.....	3,416	290,028	84.90	-.1	-3.0	-.7	+4.5
Okla. 3/.....	1,703	203,274	119.36	-.4	-.3	-1.3	+2.9
Oreg.....	388	32,393	83.49	-.5	-4.6	+8.4	-4.1
Pa. 2/.....	17,996	1,333,262	74.09	+.2	-1.5	-.4	+.2
P. R.....	1,565	13,059	8.34	-.7	-.6	-5.8	-4.8
R. I.....	98	8,492	86.65	(5/)	(5/)	-11.7	-10.0
S. C.....	1,708	104,257	61.04	+.5	-.1	+1.1	+18.1
S. Dak.....	137	9,053	66.08	+1.5	+1.7	-9.3	-11.0
Tenn.....	2,326	119,262	51.27	(6/)	-.5	-5.3	-.4
Tex.....	4,908	339,496	69.17	-.7	-.8	-4.6	-2.8
Utah.....	175	13,045	74.54	-1.1	-1.0	-1.1	-.5
Vt.....	110	7,891	71.74	+.9	+10.7	+.9	+11.3
V. I.....	16	536	(5/)	(5/)	(5/)	(5/)	(5/)
Va.....	1,150	75,837	65.95	-.3	+.9	-.9	+4.0
Wash.....	665	57,113	85.88	0	-4.6	+.6	-13.6
W. Va.....	861	41,250	47.91	+.3	+.5	-6.1	-4.3
Wis.....	833	88,598	106.36	-.2	+8.8	-4.7	+6.1
Wyo.....	54	4,318	79.96	(5/)	(5/)	(5/)	(5/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $6,351 to 95 recipients; Missouri, $52,493 to 690 recipients; and Pennsylvania, $925,878 to 12,627 recipients. 3/ Represents aid to the blind under combined program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Estimated. 5/ Average payments not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 6/ Decrease of less than 0.05 percent.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, November 1963 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1963 in--		November 1962 in--	
				Number	Amount	Number	Amount
Total 2/.....	477,348	$35,943,882	$75.30	+0.4	-0.9	+9.8	+12.8
Ala.....	13,968	642,284	45.98	+.3	+2.1	+7.9	+10.0
Alaska 2/.....	48	3,724	(3/)	(3/)	(3/)	(4/)	(4/)
Ariz.....	2,406	163,119	67.80	+4.3	+4.1	+141.8	+137.3
Ark.....	9,044	507,889	56.16	+.4	-1.6	+10.8	+10.8
Calif.....	39,516	4,248,434	107.51	+3.1	+1.6	+51.2	+56.3
Colo.....	5,924	435,837	73.57	+.8	+.8	+3.2	-4.5
Conn.....	6,972	454,871	65.24	+.9	+2.5	+12.9	+29.2
Del.....	418	30,074	71.95	-.2	-.5	-7.5	-6.1
D. C.....	2,971	232,717	78.33	+1.7	+3.3	-1.9	-1.6
Fla. 2/.....	15,286	1,054,732	69.00	+.6	-1.0	+11.9	+14.4
Ga.....	25,579	1,491,704	58.32	+.3	-1.3	+2.1	+9.1
Guam 5/.....	77	1,987	25.81	---	---	---	---
Hawaii 2/.....	1,059	122,494	115.67	+1.1	+6.5	+.7	+9.7
Idaho.....	2,554	140,424	54.98	+1.1	+1.6	+12.4	+5.4
Ill. 2/.....	27,927	2,616,745	93.70	+.4	-3.6	-.4	-6.1
Ind.....	690	78,030	113.09	+12.6	+2.6	(4/)	(4/)
Iowa.....	1,028	85,058	82.74	+2.9	+3.2	+21.8	+42.2
Kans.....	4,402	472,741	107.39	+.6	+.7	+2.6	+16.9
Ky. 2/.....	9,370	682,177	72.80	-.3	+.5	+6.3	+11.0
La.....	18,496	1,059,213	57.27	+.1	-.6	+2.8	+3.4
Maine.....	2,379	207,516	87.23	-1.2	-1.4	+5.2	+17.2
Md.....	6,938	534,466	77.03	+.7	+.7	+7.6	+18.4
Mass.....	11,016	1,527,570	138.67	+1.1	-.1	+4.7	+8.5
Mich.....	7,070	689,114	97.47	+.7	-6.3	+13.4	+6.6
Minn.....	3,230	196,884	60.95	+.4	+.2	+10.3	+10.3
Miss.....	16,382	716,967	43.77	+1.0	+.8	+19.8	+52.9
Mo.....	14,588	994,853	68.20	(6/)	+1.1	-1.7	+4.3
Mont.....	1,261	95,874	76.03	-.2	+.1	+1.0	+.2
Nebr.....	2,321	196,033	84.46	+1.0	+4.0	+8.2	+13.6
N. H.....	554	61,537	111.08	+1.3	-.2	+10.4	+7.4
N. J.....	8,113	764,772	94.27	+1.1	+1.4	+5.0	+5.1
N. Mex. 2/.....	3,380	305,910	90.51	+.3	+.5	+12.8	+28.8
N. Y.....	34,341	4,165,463	121.30	-2.2	-4.9	-2.7	+9.1
N. C.....	21,097	1,408,769	66.78	-.7	-2.5	-.3	+4.8
N. Dak.....	1,317	147,988	112.37	+1.1	+8.0	+5.0	+9.2
Ohio.....	18,267	1,417,107	77.58	+.3	-3.7	+9.8	+6.7
Okla. 2/.....	12,215	1,324,537	108.44	+.8	+.8	+9.4	+12.6
Oreg.....	7,524	487,275	64.76	-2.1	-3.8	+55.7	+7.1
Pa.....	19,390	1,250,731	64.50	+.1	-2.0	+1.3	+5.2
P. R.....	21,589	185,289	8.58	-.3	-.5	+2.4	-3.0
R. I.....	2,690	244,620	90.94	+.6	+.6	+.8	+5.9
S. C.....	8,383	456,220	54.42	(7/)	+4.0	+2.7	+14.5
S. Dak.....	1,112	75,827	68.19	+.3	+.7	+1.5	+5.5
Tenn.....	12,368	618,778	50.03	+.4	+.4	+4.8	+10.7
Tex.....	8,838	507,745	57.45	+1.4	+1.4	+11.4	+10.6
Utah.....	4,654	336,995	72.41	+.1	+3.1	+5.8	+13.6
Vt.....	984	74,190	75.40	+2.8	+10.7	+10.3	+21.6
V. I.....	95	3,120	32.84	(3/)	(3/)	(3/)	(3/)
Va.....	6,559	438,145	66.80	+.4	+2.7	+1.2	+5.9
Wash.....	18,321	969,790	52.93	+.4	-7.2	+94.9	+11.1
W. Va.....	6,432	317,062	49.29	-.9	-.4	-11.2	-6.6
Wis.....	5,594	649,282	116.07	+1.3	+4.6	+10.5	+15.2
Wyo.....	611	49,199	80.52	+3.0	-3.1	+2.9	+4.1

1/ All data subject to revision. 2/ Represents aid to the permanently and totally disabled under combined program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ Program not in operation in 1962. 5/ Estimated. 6/ Decrease of less than 0.05 percent. 7/ Increase of less than 0.05 percent.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, November 1963 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		October 1963 in--		November 1962 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/ 4/.	956,540	3,926,141	2,949,537	$122,792,370	$128.37	$31.28	+0.3	-0.5	+4.1	+5.4
Ala 4/.....	22,277	90,667	71,411	1,051,919	47.22	11.60	+.1	-.2	+1.5	+5.9
Alaska.....	1,227	4,403	3,325	151,607	123.56	34.43	+.7	+.9	+4.2	+3.8
Ariz 4/.....	9,876	42,216	31,853	1,204,180	121.93	28.52	+.7	+.3	+9.2	+9.1
Ark.....	6,692	26,412	20,349	445,707	66.60	16.88	+.3	-1.6	+10.7	+7.2
Calif. 4/.....	94,714	365,694	276,923	16,012,401	169.06	43.79	+.9	+1.2	+10.7	+9.8
Colo.....	9,914	38,824	30,118	1,343,402	135.51	34.60	-1.6	-8.7	+8.4	+6.7
Conn. 3/.....	12,575	49,786	36,099	2,333,614	185.58	46.87	+.9	+6.2	+17.5	+13.7
Del. 3/.....	2,196	9,999	7,587	217,777	99.17	21.78	+5.0	+4.1	+11.4	+9.2
D. C.....	3,791	18,086	14,488	587,853	155.07	32.50	-.5	-.2	-12.2	-12.2
Fla.....	27,688	104,051	83,432	1,690,797	61.07	16.25	-.3	-.8	+1.9	-1.2
Ga.....	15,799	59,395	46,293	1,378,362	87.24	23.21	+1.4	+1.3	-5.4	-5.3
Guam 5/.....	172	885	737	12,101	70.35	13.67	---	---	---	---
Hawaii 3/.....	3,224	13,794	10,281	454,334	140.92	32.94	+1.3	-3.7	+1.3	-4.7
Idaho.....	2,479	9,693	7,066	385,284	155.42	39.75	+.2	+.3	+1.3	-1.7
Ill. 3/ 4/.....	55,031	257,259	196,744	10,699,161	194.42	41.59	-.4	-1.8	-2.5	-8.4
Ind. 4/.....	11,721	46,785	34,747	1,309,133	111.69	27.98	-.4	+.7	+.4	-.3
Iowa.....	10,393	41,535	30,192	1,269,061	122.11	30.55	-3.0	-20.8	+2.0	-15.7
Kans. 3/.....	7,493	30,850	23,812	1,156,806	154.38	37.50	+1.6	(6/)	+15.2	+17.3
Ky.....	19,620	74,458	53,538	1,869,363	95.28	25.11	-1.6	+.4	-5.3	-5.9
La. 4/.....	22,760	98,977	74,858	2,270,708	99.77	22.94	+.5	+.4	+5.6	+3.9
Maine.....	5,728	20,708	15,433	606,305	105.85	29.28	-1.6	-1.4	-4.0	-4.9
Md. 3/ 4/.....	14,470	62,476	48,243	2,017,120	139.40	32.29	+1.5	+1.2	+11.7	+15.7
Mass. 3/.....	21,852	80,590	60,895	3,875,470	177.35	48.09	+.5	-1.2	+17.1	+19.1
Mich. 4/.....	33,478	125,012	91,871	4,543,958	135.73	36.35	-.2	-.8	+3.7	+.3
Minn.....	12,084	43,830	34,417	2,172,042	179.75	49.56	+.7	+.5	+7.9	+12.8
Miss.....	20,425	80,857	64,128	777,103	38.05	9.61	-.2	-.5	+2.0	+8.2
Mo.....	25,712	104,745	78,617	2,477,488	96.36	23.65	+.2	-.4	+1.2	-1.5
Mont.....	1,746	6,913	5,327	233,708	133.85	33.81	+.7	+.8	-2.7	-2.5
Nebr.....	3,398	13,980	10,774	414,045	121.85	29.62	+2.0	+1.3	+8.4	+9.6
Nev.....	1,293	4,900	3,934	154,924	119.82	31.62	+.2	+.1	+7.3	+15.7
N. H.....	1,011	4,194	3,137	171,368	169.50	40.86	-.1	-4.9	+2.5	+4.4
N. J.....	23,622	92,603	70,067	4,398,763	186.21	47.50	+.4	+1.2	+13.8	+14.3
N. Mex. 4/.....	7,582	30,743	23,255	1,042,759	137.53	33.92	-.7	-.4	+5.7	+15.5
N. Y. 3/.....	102,808	445,823	326,946	19,227,045	187.02	43.13	+.6	-1.8	+14.5	+17.5
N. C. 4/.....	27,053	111,850	83,285	2,632,807	97.32	23.54	+.9	+1.0	+3.0	+6.8
N. Dak.....	1,715	6,741	5,171	290,580	169.43	43.11	+2.1	+7.0	+2.8	+10.5
Ohio.....	36,972	151,623	114,027	4,633,348	125.32	30.56	+.3	-.7	+4.5	+9.3
Okla. 3/ 4/.....	18,436	71,857	53,172	2,499,807	135.59	34.79	+.1	+.1	+.7	+1.7
Oreg. 3/ 4/.....	7,179	27,232	20,264	1,030,109	143.49	37.83	-2.6	-3.1	-5.8	-4.6
Pa. 3/.....	71,725	318,285	225,223	9,032,163	125.93	28.38	+.5	(7/)	-1.5	-2.2
P. R.....	53,184	213,491	170,629	765,630	14.40	3.59	-.2	-.4	-7.1	-8.4
R. I. 3/.....	5,449	21,965	16,121	879,950	161.49	40.06	-.4	+.3	+9.2	+11.4
S. C.....	8,024	32,097	25,654	517,575	64.50	16.13	-.6	+.4	-4.6	+7.6
S. Dak.....	2,796	10,097	7,684	304,959	109.07	30.20	-1.3	-13.3	+1.0	(6/)
Tenn.....	19,718	77,285	57,899	1,437,965	72.93	18.61	-.5	(6/)	-5.4	-6.4
Tex.....	19,167	86,879	66,072	1,558,600	81.32	17.94	+2.0	+1.4	+20.8	+14.0
Utah 3/ 4/.....	4,431	18,051	13,311	647,334	146.09	35.86	-.8	+7.7	+12.1	+21.3
Vt.....	1,296	4,761	3,599	146,212	112.82	30.71	+.8	+.9	-1.7	(6/)
V. I.....	315	1,141	959	19,113	60.68	16.75	+1.6	+13.1	+2.7	+9.3
Va. 4/.....	10,322	43,703	33,607	1,036,878	100.45	23.73	+.3	-1.1	+1.0	+1.2
Wash. 3/ 4/.....	15,174	59,553	43,079	1,962,286	129.32	32.95	+5.1	+2.1	+46.5	+15.6
W. Va. 3/ 4/...	26,716	122,443	84,357	3,254,535	121.82	26.58	+.2	-.2	-10.9	-5.3
Wis. 4/.....	11,183	42,715	32,035	2,066,051	184.75	48.37	+.2	+1.1	+.9	+6.8
Wyo.....	834	3,229	2,492	120,800	144.84	37.41	+2.8	+.9	+5.4	+6.2

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on unemployed-parent segment; see table 8. 4/ Includes data on foster-family care; see table 9. 5/ Extimated. 6/ Increase of less than 0.05 percent. 7/ Decrease of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, November 1963 1/

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from October 1963 in--	
		Total 2/	Children	Total	Average per--		Number of recipients	Amount
					Family	Recipient		
Total....	48,316	275,372	182,600	$8,262,109	$171.00	$30.00	+1.4	+2.0
Conn.....	1,871	10,010	6,501	342,445	183.03	34.21	-4.2	+7.6
Del.....	309	1,877	1,305	39,601	128.16	21.10	+16.2	+12.5
Hawaii.....	364	2,256	1,554	60,659	166.65	26.89	+11.6	+6.1
Ill.....	7,441	47,493	32,936	1,849,229	248.52	38.94	-2.0	-.7
Kans.....	205	1,158	774	36,966	180.32	31.92	+20.8	+6.8
Md.....	371	2,232	1,516	61,943	166.96	27.75	+5.6	+5.0
Mass.....	569	3,185	2,201	111,128	195.30	34.89	+4.9	+5.1
N. Y.....	12,494	72,665	48,968	2,328,545	186.37	32.04	+.3	+.6
Okla.....	14	84	60	2,455	(3/)	(3/)	-16.0	-15.9
Oreg.....	471	2,695	1,909	96,455	204.79	35.79	+39.0	+39.5
Pa.....	10,585	57,202	36,698	1,364,443	128.90	23.85	+.7	+2.5
R. I.....	547	3,104	2,052	103,370	188.98	33.30	+.2	+.1
Utah.....	710	3,975	2,701	86,818	122.28	21.84	(4/)	+8.6
Wash.....	1,408	8,045	5,245	182,009	129.27	22.62	+41.5	+40.6
W. Va.....	10,957	59,391	38,180	1,596,043	145.66	26.87	+1.0	-.2

1/ Data for this segment of the program, shown separately here, are included in table 7. All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Average payment not computed on base of fewer than 50 families. 4/ Decrease of less than 0.05 percent.

Table 9. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, November 1963 1/

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	3,960	2/ 3,102	2/ 134	1,704	$281,307	$71.04	2/ $200,199	2/ $20,866
Ala.....	12	12	0	6	440	(3/)	440	0
Ariz.....	133	133	0	57	5,826	43.80	5,826	0
Calif.....	1,058	966	92	499	95,451	90.22	78,539	16,912
Ill.....	724	(2/)	(2/)	299	60,242	83.21	(2/)	(2/)
Ind.....	79	79	0	29	3,051	38.62	3,051	0
Kans.....	18	16	2	11	1,704	(3/)	1,453	251
La.....	323	312	11	132	22,145	68.56	21,218	927
Md.....	246	236	10	89	17,844	72.54	16,993	851
Mich.....	8	8	0	3	824	(3/)	824	0
Minn.....	125	112	13	71	8,723	69.78	6,993	1,730
N. Mex.....	89	89	0	37	5,326	59.84	5,326	0
N. C.....	47	47	0	11	2,046	(3/)	2,046	0
Okla.....	274	274	0	115	11,151	40.70	11,151	0
Oreg.....	168	168	0	66	11,110	66.13	11,110	0
Utah.....	191	191	0	85	9,851	51.58	9,851	0
Va.....	51	51	0	15	2,045	40.10	2,045	0
Wash.....	184	184	0	81	8,806	47.86	8,806	0
W. Va.....	46	40	6	21	2,754	(3/)	2,559	195
Wis.....	184	184	0	77	11,968	65.04	11,968	0

1/ Data for this segment of the program, shown separately here, are included in Table 7. All data subject to revision. 2/ Excludes Illinois; breakdown not available. 3/ Average payment not computed on base of fewer than 50 children.

Table 10. General assistance: Recipients and payments to recipients, by State, November 1963 1/

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		October 1963 in--		November 1962 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	326,000	775,000	$21,290,000	$65.34	$27.47	+1.5	-1.9	-5.6	-4.6
Ala.	62	62	875	14.11	14.11	(3/)	(3/)	(3/)	(3/)
Alaska	229	755	15,723	68.66	20.83	-.7	-7.0	+38.5	+24.3
Ariz.	2,065	4,652	118,200	57.24	25.41	-3.5	-3.5	-18.3	-31.7
Ark.	280	1,118	4,386	15.66	3.92	-12.7	-14.5	-3.6	-4.3
Calif.	31,613	79,614	1,965,638	62.18	24.69	+10.4	-1.8	+11.2	+4.7
Colo.	1,209	4,165	55,062	45.54	13.22	+7.1	+11.7	-27.7	-28.7
Conn.	4/ 4,347	4/ 11,008	4/ 305,320	70.24	27.74	+1.6	+3.3	-3.3	-1.8
Del.	1,418	2,555	74,416	52.48	29.13	+3.8	+4.1	+20.6	+18.4
D. C.	505	548	37,852	74.95	69.07	-10.2	-7.5	-45.7	-46.6
Fla. 5/	8,200	(6/)	257,000	---	---	---	---	---	---
Ga.	2,193	4,919	70,348	32.08	14.30	-8.6	-3.8	-18.4	-8.6
Guam 7/	7	15	274	---	---	---	---	---	---
Hawaii	1,061	1,308	68,150	64.23	52.10	-3.6	-2.6	-9.5	-5.4
Ill.	26,261	54,981	2,050,981	78.10	37.30	-1.1	-7.8	+.2	-7.6
Iowa 5/	3,700	8,600	135,000	---	---	---	---	---	---
Kans.	2,878	7,276	183,811	63.87	25.26	-1.0	+.1	-9.8	-5.8
Ky.	1,643	4,766	57,812	35.19	12.13	-4.4	+1.7	-17.6	-19.0
La.	7,966	8,786	416,205	52.25	47.37	+.6	+1.1	+8.1	+6.6
Maine	2,326	8,057	99,813	42.91	12.39	+2.4	-.9	-11.2	-17.3
Md.	5,234	5,857	374,267	71.51	63.90	+3.1	+2.2	+10.2	+13.5
Mass.	7,320	15,410	512,058	69.95	33.23	+1.3	-4.4	+12.8	+14.1
Mich.	27,239	93,202	2,522,033	92.59	27.06	-1.7	-6.9	-18.3	-23.4
Minn.	9,222	26,194	732,320	79.41	27.96	+6.4	-1.7	+5.3	+4.0
Miss.	1,078	1,402	15,657	14.52	11.17	+6.5	+1.6	+2.6	+.7
Mo.	9,273	12,061	611,277	65.92	50.68	(8/)	-.5	-.6	+16.1
Mont.	1,294	4,120	54,671	42.25	13.27	+13.2	+.9	+8.7	+2.7
Nebr. 9/	891	2,742	45,145	50.67	16.46	0	0	-9.5	-14.9
Nev.	325	664	17,891	55.05	26.94	+15.1	+1.7	+94.2	+76.1
N. H.	855	2,925	50,560	59.13	17.29	+35.0	+55.9	+11.8	+10.1
N. J. 10/	8,964	29,781	1,073,313	119.74	36.04	+.7	-1.6	+11.3	+7.4
N. Mex.	561	880	23,559	41.99	26.77	-6.2	+1.2	+6.8	+24.7
N. Y. 11/	36,771	83,374	3,024,511	82.25	36.28	+1.1	+1.0	+12.9	+23.5
N. C.	1,765	5,292	46,426	26.30	8.77	+6.7	-13.8	-2.1	-3.5
N. Dak.	357	1,409	20,645	57.83	14.65	+17.9	+17.1	+6.4	+13.5
Ohio	29,122	102,536	2,094,731	71.93	20.43	+2.2	+1.8	-22.5	-25.0
Okla.	7,063	(6/)	85,508	12.11	---	---	-16.4	---	-14.3
Oreg.	3,407	(6/)	136,489	40.06	---	---	-44.8	---	-35.8
Pa.	37,156	44,874	2,214,930	59.61	49.36	-.8	+1.2	-2.1	-.9
P. R.	1,119	1,119	8,423	7.53	7.53	-17.4	-18.4	-18.6	-20.2
R. I.	2,542	5,719	146,361	57.58	25.59	-8.7	-16.1	+6.3	-2.4
S. C.	1,383	1,263	39,377	28.47	31.18	-.6	-1.0	-23.3	-12.0
S. Dak.	289	926	9,761	33.78	10.54	+.4	-.7	+16.2	+15.7
Tenn.	1,884	5,477	34,614	18.37	6.32	+6.6	-4.9	-13.7	-10.5
Tex. 9/ 12/	12,300	(6/)	233,000	---	---	---	---	---	---
Utah	1,345	3,638	87,861	65.32	24.15	+.6	-2.3	+48.8	+8.5
Vt 12/	1,000	(6/)	27,000	---	---	---	---	---	---
V.I.	149	156	5,224	35.06	33.49	0	-1.5	-5.5	+2.8
Va.	2,215	5,178	105,530	47.64	20.38	-4.9	-1.8	-4.3	+5.4
Wash.	7,630	15,441	523,285	68.58	33.89	+8.5	+4.9	-31.1	-23.3
W. Va.	1,274	2,078	46,373	36.40	22.32	+1.3	+.2	-12.1	+9.0
Wis.	7,538	23,221	690,876	91.65	29.75	+3.2	+.8	-1.6	+2.1
Wyo.	325	1,214	21,417	65.90	17.64	+50.8	+35.6	-23.0	-30.3

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho and Indiana; data not available. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ About 17 percent of this total is estimated. 5/ Partly estimated. 6/ Data not available. 7/ Estimated. 8/ Increase of less than 0.05 percent. 9/ Data for October; data for November not available. 10/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial, and total payments for such services. 11/ Includes an unknown number of cases and persons receiving only medical care. 12/ Estimated on basis of reports from sample of local jurisdictions.

Table II. Amount of vendor payments for medical care for recipients of public assistance, by program and State, November 1963 1/

State	Old-age assistance	Medical assistance for the aged	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance
Total.....	$33,065,388	$28,966,274	$843,546	$8,232,241	$9,118,479	2/ $8,623,000
Ala.....	951,432	36,196	4,147	61,791	290	---
Alaska 3/.....	14,968	---	---	---	---	4/ 39,017
Ariz.....	34,863	---	---	---	---	---
Ark.....	623,837	112,288	14,804	168,617	35,590	28,716
Calif.....	2,743,294	6,542,157	139,094	672,503	676,384	94,174
Colo.....	1,016,326	---	3,637	84,768	95,398	89,942
Conn.....	203,240	5/ 1,150,930	15,826	211,235	357,229	(6/)
Del.....	11,734	---	1,073	---	---	---
D. C.....	65,829	144,475	303	14,751	1,881	647
Fla. 3/.....	1,097,828	95,767	20,977	213,381	53,599	---
Ga.....	638,229	---	6,009	103,781	---	---
Guam 7/.....	225	1,730	---	---	---	---
Hawaii 3/.....	12,161	121,930	2,236	49,763	49,216	20,819
Idaho.....	42,258	237,545	235	22,834	---	---
Ill. 3/.....	2,460,320	391,635	77,080	820,787	1,348,003	4/ 682,915
Ind.....	772,918	---	46,485	45,637	209,728	---
Iowa.....	951,661	---	11,536	---	167,717	4/ 8/ 247,000
Kans.....	444,024	---	7,776	87,744	133,341	77,435
Ky. 3/.....	461,245	165,473	12,606	91,342	167,927	---
La.....	1,605,163	75,929	5,768	77,920	12,579	3,067
Maine.....	343,216	113,529	4,279	42,822	28,640	69,302
Md.....	86,710	284,495	3,547	64,455	---	1,399
Mass.....	1,062,242	5/ 4,159,064	22,132	776,683	395,923	165,740
Mich.....	524,747	1,774,733	10,868	115,499	130,568	344,242
Minn.....	2,823,983	---	44,600	42,454	339,251	558,362
Miss.....	116,284	---	---	---	---	---
Mo.....	683,973	---	---	15,734	19,703	8,683
Mont.....	914	---	---	175	20	4/ 352,800
Nebr.....	440,607	---	25,952	73,307	16,429	4/ 45,295
Nev.....	52,350	---	3,384	(9/)	9,708	4/ 185,644
N. H.....	100,913	48	5,189	18,355	19,956	(6/)
N. J.....	266,640	5/ 824,353	9,542	218,885	207,928	262,191
N. Mex. 3/.....	219,754	---	7,106	70,775	123,012	9,658
N. Y.....	989,127	5/ 8,071,972	76,485	1,712,736	1,953,379	234,781
N. C.....	331,994	---	24,491	205,099	186,210	4/ 127,875
N. Dak.....	160,339	5/ 216,860	2,393	67,432	53,253	4/ 12,022
Ohio.....	1,601,260	---	51,305	213,726	389,871	4/ 1,596,757
Okla. 3/.....	1,504,530	132,105	30,690	219,222	176,407	(6/)
Oreg.....	126,378	611,017	2,896	161,452	69,934	58,990
Pa.....	454,962	1,497,083	55,998	226,778	339,972	124,911
P. R.....	27,752	63,740	---	---	---	---
R. I.....	93,635	---	1,470	47,344	129,597	4/ 59,281
S. C.....	317,297	183,020	11,723	77,453	28,358	13,162
S. Dak.....	101,750	---	---	---	---	4/ 121,210
Tenn.....	365,753	167,781	2,791	21,026	47,323	---
Tex.....	2,711,779	---	---	---	---	---
Utah.....	79,958	240,050	2,572	151,293	128,098	2,515
Vt.....	199,645	26,120	1,262	14,943	---	---
V. I.....	2,862	4,214	4	95	16	315
Va.....	229,334	---	11,157	79,857	38,994	4/ 18,214
Wash.....	396,414	1,274,511	9,893	374,768	215,058	52,593
W. Va.....	135,897	243,341	5,136	57,323	429,422	24,550
Wis.....	2,328,377	---	46,656	428,496	324,395	289,553
Wyo.....	32,457	2,183	433	7,200	8,172	33,189

1/ For State programs not shown, no vendor payments were made during the month or such payments were not reported. 2/ Includes an estimated amount for States making vendor payments for medical care from general assistance funds and from special medical funds and reporting these data semiannually but not on a monthly basis. 3/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified type of assistance under combined program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Includes payments made in behalf of recipients of the special types of public assistance. 5/ Includes money payments not subject to Federal participation as follows: $594 in Connecticut, $98,461 in Massachusetts, $9,777 in New Jersey, $48,064 in New York, and $2,257 in North Dakota. 6/ Data not available. 7/ Estimated. 8/ Partly estimated. 9/ No program for aid to the permanently and totally disabled.

Table 12. Average payment per recipient for all assistance, for money payments, and for vendor payments for medical care, by program and State, November 1963 1/

State	Old-age assistance			Medical assistance for the aged	Aid to the blind			Aid to the permanently and totally disabled			Aid to families with dependent children (per recipient)		
	All assistance	Money payments to recipients	Vendor payments for medical care		All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care
All States.....	$76.57	$61.50	$15.07	$189.42	$81.43	$72.81	$8.62	$75.30	$58.05	$17.25	$31.28	$28.95	$2.32
Ala.....	67.84	59.07	8.77	247.92	49.82	47.40	2.42	45.98	41.56	4.42	11.60	11.60	(2/)
Alaska 3/.....	79.20	68.40	10.80	---	76.90	76.90	---	(4/)	(4/)	---	34.43	34.43	---
Ariz.....	62.06	59.47	2.60	---	72.45	72.45	---	67.80	67.80	---	28.52	28.52	---
Ark.....	61.28	50.46	10.82	48.53	65.68	58.21	7.47	56.16	37.51	18.64	16.88	15.53	1.35
Calif.....	104.74	94.45	10.29	285.37	127.38	115.86	11.51	107.51	90.49	17.02	43.79	41.94	1.85
Colo.....	102.52	81.92	20.60	---	83.19	68.87	14.32	73.57	59.26	14.31	34.60	32.15	2.46
Conn.....	84.37	59.91	24.47	216.79	113.65	62.76	50.89	65.24	34.94	30.30	46.87	39.70	7.18
Del.....	62.29	52.16	10.12	---	74.07	70.37	3.70	71.95	71.95	---	21.78	21.78	---
D. C.....	88.97	62.63	26.34	267.55	72.39	70.79	1.60	78.33	73.36	4.96	32.50	32.40	.10
Fla. 3/.....	63.60	48.16	15.43	368.33	67.18	58.99	8.19	69.00	55.04	13.96	16.25	15.73	.52
Ga.....	54.96	48.05	6.91	---	57.70	55.78	1.92	58.32	54.26	4.06	23.21	23.21	---
Guam 5/.....	28.29	26.91	1.38	16.32	(4/)	(4/)	---	25.81	25.81	---	13.67	13.67	---
Hawaii 3/.....	63.73	52.97	10.75	232.25	105.30	77.35	27.95	115.67	68.68	46.99	32.94	29.37	3.57
Idaho.....	70.63	62.16	8.47	140.48	70.53	68.64	1.90	54.98	46.04	8.94	39.75	39.75	---
Ill. 3/.....	84.18	43.87	40.30	494.49	86.23	58.05	28.18	93.70	64.31	29.39	41.59	36.35	5.24
Ind.....	76.41	43.63	32.78	---	85.38	59.83	25.56	113.09	46.95	66.14	27.98	23.50	4.48
Iowa.....	89.25	57.02	32.23	---	100.62	91.32	9.30	82.74	82.74	---	30.55	26.52	4.04
Kans.....	91.54	73.16	18.38	---	89.19	74.58	14.62	107.39	87.46	19.93	37.50	33.18	4.32
Ky. 3/.....	59.95	51.62	8.32	30.41	68.95	63.72	5.24	72.80	63.06	9.75	25.11	22.85	2.26
La.....	81.18	68.80	12.38	173.35	81.04	78.99	2.05	57.27	53.05	4.21	22.94	22.81	.13
Maine.....	83.84	53.34	30.50	292.60	83.32	72.32	11.00	87.23	69.23	18.00	29.28	27.90	1.38
Md.....	71.91	62.73	9.18	33.75	77.44	68.64	8.80	77.03	67.74	9.29	32.29	32.29	---
Mass.....	91.38	72.30	19.08	171.31	131.03	121.33	9.70	138.67	68.16	70.50	48.09	43.18	4.91
Mich.....	80.23	69.84	10.39	337.34	80.93	74.52	6.41	97.47	81.13	16.34	36.35	35.30	1.04
Minn.....	107.89	42.71	65.18	---	107.24	64.56	42.68	60.95	47.81	13.14	49.56	41.82	7.74
Miss.....	38.65	37.12	1.53	---	43.05	43.05	---	43.77	43.77	---	9.61	9.61	---
Mo.....	65.48	58.95	6.53	---	70.00	70.00	---	68.20	67.12	1.08	23.65	23.46	.19
Mont.....	68.12	67.96	.16	---	78.46	78.46	---	76.03	75.89	.14	33.81	33.80	(2/)
Nebr.....	82.81	48.17	34.64	---	100.17	61.14	39.03	84.46	52.88	31.58	29.62	28.44	1.18
Nev.....	88.04	67.66	20.38	---	120.89	99.60	21.28	(6/)	(6/)	(6/)	31.62	29.64	1.98
N. H.....	101.47	79.47	22.00	(4/)	104.46	85.17	19.29	111.08	77.95	33.13	40.86	36.10	4.76
N. J.....	80.10	61.20	18.89	181.54	82.78	72.75	10.03	94.27	67.29	26.98	47.50	45.26	2.25
N. Mex. 3/.....	79.14	58.94	20.21	---	93.48	72.70	20.78	90.51	69.57	20.94	33.92	29.92	4.00
N. Y.....	88.28	70.70	17.58	266.12	105.36	81.30	24.06	121.30	71.42	49.87	43.13	38.75	4.38
N. C.....	57.28	49.75	7.53	---	64.31	59.51	4.79	66.78	57.05	9.72	23.54	21.87	1.65
N. Dak.....	89.58	60.98	28.61	207.72	94.33	64.79	29.54	112.37	61.17	51.20	43.11	35.21	7.90
Ohio.....	85.61	66.72	18.89	---	84.90	69.88	15.02	77.58	65.88	11.70	30.56	27.99	2.57
Okla. 3/.....	94.33	76.36	17.96	145.17	119.36	101.34	18.02	108.44	90.49	17.95	34.79	32.33	2.45
Oreg.....	66.96	56.32	10.64	151.84	83.49	76.02	7.46	64.76	43.30	21.46	37.83	35.26	2.57
Pa.....	72.09	62.53	9.57	224.35	74.09	70.97	3.11	64.50	52.81	11.70	28.38	27.31	1.07
P. R.....	9.28	8.45	.83	37.49	8.34	8.34	---	8.58	8.58	---	3.59	3.59	---
R. I.....	85.05	69.55	15.50	---	86.65	71.65	15.00	90.94	73.34	17.60	40.06	34.16	5.90
S. C.....	52.42	40.61	11.81	168.53	61.04	54.18	6.86	54.42	45.18	9.24	16.13	15.24	.88
S. Dak.....	82.28	68.78	13.50	---	66.08	66.08	---	68.19	68.19	---	30.20	30.20	---
Tenn.....	50.65	42.89	7.76	41.40	51.27	50.07	1.20	50.03	48.33	1.70	18.61	17.99	.61
Tex.....	70.30	58.43	11.87	---	69.17	69.17	---	57.45	57.45	---	17.94	17.94	---
Utah.....	71.62	56.49	15.13	117.44	74.54	59.85	14.70	72.41	39.90	32.51	35.86	28.76	7.10
Vt.....	85.92	49.33	36.59	314.70	71.74	60.26	11.47	75.40	60.21	15.19	30.71	30.71	---
V. I.....	37.03	31.04	5.99	22.78	(4/)	(4/)	(4/)	32.84	31.84	1.00	16.75	16.74	.01
Va.....	61.34	44.44	16.91	---	65.95	56.24	9.70	66.80	54.63	12.18	23.73	22.83	.89
Wash.....	74.24	62.80	11.44	142.53	85.88	71.01	14.88	52.93	32.48	20.46	32.95	29.34	3.61
W. Va.....	46.94	38.03	8.91	28.81	47.91	41.94	5.97	49.29	40.38	8.91	26.58	23.07	3.51
Wis.....	109.92	32.90	77.02	---	106.36	50.35	56.01	116.07	39.47	76.60	48.37	40.77	7.59
Wyo.....	81.01	68.53	12.48	(4/)	79.96	71.94	8.02	30.52	68.74	11.78	37.41	34.88	2.53

1/ Averages based on cases receiving money payments, vendor payments for medical care, or both. Money payments may also include small amounts for assistance in kind and vendor payments for other than medical care. Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. 2/ Less than 1 cent. 3/ Except for aid to families with dependent children, data for each program represent average payments for recipients of the specified type of assistance under the combined program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 4/ Average payment not computed on base of fewer than 50 recipients. 5/ Estimated. 6/ No program for aid to the permanently and totally disabled.

Old-age, survivors, and disability insurance benefits, summary data, November 1963

Current Month Data

Type of benefit	Benefits awarded in November 1963		Benefits in current-payment status, end of November 1963			Amount of benefits paid 1/ in November 1963 (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	254,189	---	---	---	---	$1,292,288
Total, OASI	222,316	---	---	---	---	1,190,583
Monthly benefits, OASI and DI	183,593	---	18,997,967	$1,256,680	---	1,277,994
Monthly benefits, OASI	151,720	---	17,559,975	1,164,283	---	1,176,288
Monthly benefits, DI	31,873	---	1,437,992	92,398	---	101,705
Old-age (retired-worker)	73,012	$80.60	10,248,092	787,732	$76.87	789,754
Disability (disabled-worker)	15,716	94.85	819,473	74,204	90.55	81,087
Wife's or husband's (OASI and DI)	27,077	39.01	2,749,296	108,479	39.46	110,427
Wife's or husband's (OASI)	22,330	40.06	2,582,952	103,123	39.92	104,309
Wife's or husband's (DI)	4,747	34.08	166,344	5,356	32.20	6,118
Widow's or widower's	20,700	72.22	2,000,063	133,551	66.77	137,791
Parent's	285	79.35	36,991	2,554	69.05	2,782
Child's (OASI and DI)	39,324	---	2,682,855	122,774	---	128,093
Child's (OASI--total)	27,914	---	2,230,680	109,936	---	113,593
Child's (OASI--life) 2/	7,198	29.38	420,766	11,710	27.83	12,098
Child's (OASI--survivor) 2/	20,716	53.15	1,809,914	98,226	54.27	101,495
Child's (DI)	11,410	28.01	452,175	12,838	28.39	14,500
Mother's	7,479	61.33	461,197	27,387	59.38	28,059
Lump-sum death payments	70,596	3/214.61	---	---	---	14,295

Comparative Data

Item	November 1963	October 1963	November 1962
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	18,997,967	18,957,200	17,991,773
Total, OASI	17,559,975	17,523,202	16,741,138
Total, DI	1,437,992	1,433,998	1,250,635
Amounts of benefits paid (in thousands):			
Total, OASI and DI	$1,292,288	$1,301,536	$1,238,459
Total, OASI	1,190,583	1,196,900	1,142,662
Total, DI	101,705	104,636	95,797
Number of old-age (retired-worker) benefits:			
Awarded	73,012	94,386	103,630
In current-payment status, end of month	10,248,092	10,221,778	9,714,269
Average old-age (retired-worker) benefit:			
Awarded	$80.60	$79.55	$78.47
In current-payment status, end of month	76.87	76.82	76.17
Number of disability insurance (disabled-worker) benefits:			
Awarded	15,716	20,167	18,620
In current-payment status, end of month	819,473	815,172	729,766
Average disability insurance (disabled-worker) benefit:			
Awarded	$94.85	$94.41	$93.80
In current-payment status, end of month	90.55	90.52	89.93
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 4/	14,880,000	14,841,000	14,139,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 4/	13,114,000	13,064,000	12,480,000
Assets of trust funds, end of month (in millions):			
OASI	$18,503	$18,187	$18,719
DI	2,305	2,295	2,452

1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Distribution by type of claim for OASI child's benefits estimated.
3/ Average lump sum per worker; 66,607 deceased workers represented in the current month's lump-sum awards.
4/ Numbers estimated to the nearest thousand.
Source: Division of the Actuary, Social Security Administration.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Welfare Administration
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